

Trying 3106016892...Open

Welcome to STN International! Enter x:x  
LOGINID:sssptal617mxb  
PASSWORD:  
TERMINAL (ENTER 1, 2, 3, OR ?):2

\* \* \* \* \* Welcome to STN International \* \* \* \* \*

NEWS 1 Web Page URLs for STN Seminar Schedule - N. America  
NEWS 2 Dec 17 The CA Lexicon available in the CAPLUS and CA files  
NEWS 3 Feb 06 Engineering Information Encompass files have new names  
NEWS 4 Feb 16 TOXLINE no longer being updated  
NEWS 5 Apr 23 Search Derwent WPINDEX by chemical structure  
NEWS 6 Apr 23 PRE-1967 REFERENCES NOW SEARCHABLE IN CAPLUS AND CA  
NEWS 7 May 07 DGENE Reload  
NEWS 8 Jun 20 Published patent applications (A1) are now in USPATFULL  
NEWS 9 JUL 13 New SDI alert frequency now available in Derwent's  
DWPI and DPCI  
NEWS 10 Aug 23 In-process records and more frequent updates now in  
MEDLINE  
NEWS 11 Aug 23 PAGE IMAGES FOR 1947-1966 RECORDS IN CAPLUS AND CA  
NEWS 12 Aug 23 Adis Newsletters (ADISNEWS) now available on STN  
  
NEWS EXPRESS August 15 CURRENT WINDOWS VERSION IS V6.0c,  
CURRENT MACINTOSH VERSION IS V6.0 (ENG) AND V6.0J (JP),  
AND CURRENT DISCOVER FILE IS DATED 07 AUGUST 2001  
NEWS HOURS STN Operating Hours Plus Help Desk Availability  
NEWS INTER General Internet Information  
NEWS LOGIN Welcome Banner and News Items  
NEWS PHONE Direct Dial and Telecommunication Network Access to STN  
NEWS WWW CAS World Wide Web Site (general information)

Enter NEWS followed by the item number or name to see news on that  
specific topic.

All use of STN is subject to the provisions of the STN Customer  
agreement. Please note that this agreement limits use to scientific  
research. Use for software development or design or implementation  
of commercial gateways or other similar uses is prohibited and may  
result in loss of user privileges and other penalties.

\* \* \* \* \* STN Columbus \* \* \* \* \*

FILE 'HOME' ENTERED AT 16:50:32 ON 28 AUG 2001

=> file registry

| COST IN U.S. DOLLARS | SINCE FILE ENTRY | TOTAL SESSION |
|----------------------|------------------|---------------|
| FULL ESTIMATED COST  | 0.15             | 0.15          |

FILE 'REGISTRY' ENTERED AT 16:50:42 ON 28 AUG 2001

USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.  
PLEASE SEE "HELP USAGETERMS" FOR DETAILS.

COPYRIGHT (C) 2001 American Chemical Society (ACS)

STRUCTURE FILE UPDATES: 27 AUG 2001 HIGHEST RN 353227-93-7  
DICTIONARY FILE UPDATES: 27 AUG 2001 HIGHEST RN 353227-93-7

TSCA INFORMATION NOW CURRENT THROUGH January 11, 2001

Please note that search-term pricing does apply when  
conducting SmartSELECT searches.

Structure search limits have been increased. See HELP SLIMIT  
for details.

=> s medroxyprogesterone

L1 13 MEDROXYPROGESTERONE

=> s medroxyprogesterone/cn

L2 1 MEDROXYPROGESTERONE/CN

=> s medroxyprogesterone acetate/cn

L3 1 MEDROXYPROGESTERONE ACETATE/CN

=> d

L3 ANSWER 1 OF 1 REGISTRY COPYRIGHT 2001 ACS

RN 71-58-9 REGISTRY

CN Pregn-4-ene-3,20-dione, 17-(acetyloxy)-6-methyl-, (6.alpha.)- (9CI) (CA  
INDEX NAME)

OTHER CA INDEX NAMES:

CN Pregn-4-ene-3,20-dione, 17-hydroxy-6.alpha.-methyl-, acetate (7CI, 8CI)

CN Progesterone, 17-hydroxy-6.alpha.-methyl-, acetate (6CI)

OTHER NAMES:

CN 17.alpha.-Acetoxy-6.alpha.-methylpregn-4-ene-3,20-dione

CN 17.alpha.-Acetoxy-6.alpha.-methylprogesterone

CN 17.alpha.-Hydroxy-6.alpha.-methyl-4-pregnene-3,20-dione 17-acetate

CN 17.alpha.-Hydroxy-6.alpha.-methylpregn-4-ene-3,20-dione acetate

CN 17.alpha.-Hydroxy-6.alpha.-methylprogesterone acetate

CN 6.alpha.-Methyl-17-acetoxypregsterone

CN 6.alpha.-Methyl-17.alpha.-acetoxy-.DELTA.4-pregnene-3,20-dione

CN 6.alpha.-Methyl-17.alpha.-acetoxy-4-pregnene-3,20-dione

CN 6.alpha.-Methyl-17.alpha.-Hydroxy-4-pregnene-3,20-dione acetate

CN 6.alpha.-Methyl-17.alpha.-hydroxypregsterone acetate

CN Clinovir

CN Cycrin

CN Depo-progestin

CN Depo-Provera

CN Depomedroxyprogesterone acetate

CN Depot-medroxyprogesterone acetate

CN DMPA

CN Farlutal

CN Farlutin

CN Gestapuran

CN Hysron

CN Indivina

CN Lutopolar

CN Lutoral

CN MAP

CN MAP (steroid)

CN Medroprogesterone acetate

CN Medroxyprogesterone 17-acetate

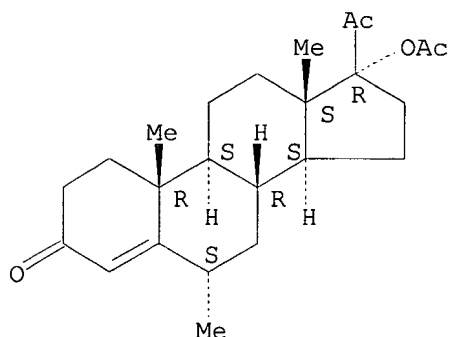
CN **Medroxyprogesterone acetate**

CN Metigestrona

CN MPA

CN Oragest  
 CN Perlutex  
 CN Prodasone  
 CN Progestalfa  
 CN Progevera  
 CN Provera  
 CN Proverone  
 CN Repromap  
 CN Repromix  
 CN Sirprogen  
 CN U 8839  
 CN Veramix  
 FS STEREOSEARCH  
 MF C24 H34 O4  
 CI COM  
 LC STN Files: ADISNEWS, AGRICOLA, AIDSLINE, ANABSTR, BEILSTEIN\*,  
 BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CABA, CANCERLIT, CAOLD, CAPLUS,  
 CASREACT, CBNB, CHEMCATS, CHEMLIST, CIN, CSCHM, DDFU, DETHERM\*,  
 DIOGENES, DRUGU, EMBASE, IFICDB, IFIPAT, IFIUDB, IMSDIRECTORY, IPA,  
 MEDLINE, MRCK\*, MSDS-OHS, NIOSHTIC, PHAR, PIRA, PROMT, RTECS\*,  
 SPECINFO,  
 TOXLITE, TOXLIT, USAN, USPATFULL, VETU  
 (\*File contains numerically searchable property data)  
 Other Sources: DSL\*\*, EINECS\*\*, TSCA\*\*  
 (\*\*Enter CHEMLIST File for up-to-date regulatory information)

Absolute stereochemistry.



2108 REFERENCES IN FILE CA (1967 TO DATE)  
 13 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA  
 2110 REFERENCES IN FILE CAPLUS (1967 TO DATE)  
 55 REFERENCES IN FILE CAOLD (PRIOR TO 1967)

=> s premarin

L4 4 PREMARIN

=> s premarin/cn

L5 1 PREMARIN/CN

=> d

L5 ANSWER 1 OF 1 REGISTRY COPYRIGHT 2001 ACS

RN 12126-59-9 REGISTRY \*

\* Use of this CAS Registry Number alone as a search term in other STN files may

result in incomplete search results. For additional information, enter HELP RN\* at an online arrow prompt (=).

CN Estrogens, conjugates (CA INDEX NAME)

OTHER CA INDEX NAMES:  
 CN Estrogens, conjugated  
 OTHER NAMES:  
 CN Cenestin  
 CN Conjugated estrogens  
 CN Conjugates, estrogens  
 CN **Premarin**  
 CN Presomen  
 DEF A complex mixture of sodium estrone sulfate and sodium equilin sulfate derived synthetically from estrone and equilin from horse urine. It may contain not less than 50% and not more than 60% sodium estrone sulfate and not less than 22.5% and not more than 32.5% sodium equilin sulfate.  
 MF Unspecified  
 CI MAN, CTS  
 LC STN Files: ADISNEWS, BIOSIS, CHEMLIST, CIN, DDFU, DIOGENES, DRUGU, IMSDIRECTORY, MSDS-OHS, RTECS\*, VETU  
 (\*File contains numerically searchable property data)  
 Other Sources: EINECS\*\*  
 (\*\*Enter CHEMLIST File for up-to-date regulatory information)

\*\*\* STRUCTURE DIAGRAM IS NOT AVAILABLE \*\*\*

=> s cenestin/cn

L6 1 CENESTIN/CN

=> d

L6 ANSWER 1 OF 1 REGISTRY COPYRIGHT 2001 ACS  
 RN 12126-59-9 REGISTRY \*  
 \* Use of this CAS Registry Number alone as a search term in other STN files may result in incomplete search results. For additional information, enter HELP RN\* at an online arrow prompt (=>).  
 CN Estrogens, conjugates (CA INDEX NAME)  
 OTHER CA INDEX NAMES:  
 CN Estrogens, conjugated  
 OTHER NAMES:  
 CN **Cenestin**  
 CN Conjugated estrogens  
 CN Conjugates, estrogens  
 CN Premarin  
 CN Presomen  
 DEF A complex mixture of sodium estrone sulfate and sodium equilin sulfate derived synthetically from estrone and equilin from horse urine. It may contain not less than 50% and not more than 60% sodium estrone sulfate and not less than 22.5% and not more than 32.5% sodium equilin sulfate.  
 MF Unspecified  
 CI MAN, CTS  
 LC STN Files: ADISNEWS, BIOSIS, CHEMLIST, CIN, DDFU, DIOGENES, DRUGU, IMSDIRECTORY, MSDS-OHS, RTECS\*, VETU  
 (\*File contains numerically searchable property data)  
 Other Sources: EINECS\*\*  
 (\*\*Enter CHEMLIST File for up-to-date regulatory information)

\*\*\* STRUCTURE DIAGRAM IS NOT AVAILABLE \*\*\*

=> file embase medline caplus uspatfull biosis

COST IN U.S. DOLLARS

|            |         |
|------------|---------|
| SINCE FILE | TOTAL   |
| ENTRY      | SESSION |

FILE 'EMBASE' ENTERED AT 16:52:49 ON 28 AUG 2001  
COPYRIGHT (C) 2001 Elsevier Science B.V. All rights reserved.

FILE 'MEDLINE' ENTERED AT 16:52:49 ON 28 AUG 2001

FILE 'CAPLUS' ENTERED AT 16:52:49 ON 28 AUG 2001  
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.  
PLEASE SEE "HELP USAGETERMS" FOR DETAILS.  
COPYRIGHT (C) 2001 AMERICAN CHEMICAL SOCIETY (ACS)

FILE 'USPATFULL' ENTERED AT 16:52:49 ON 28 AUG 2001  
CA INDEXING COPYRIGHT (C) 2001 AMERICAN CHEMICAL SOCIETY (ACS)

FILE 'BIOSIS' ENTERED AT 16:52:49 ON 28 AUG 2001  
COPYRIGHT (C) 2001 BIOSIS(R)

=> s medroxyprogesterone acetate or 71-58-9/rn

'RN' IS NOT A VALID FIELD CODE  
'RN' IS NOT A VALID FIELD CODE  
'RN' IS NOT A VALID FIELD CODE  
L7 16090 MEDROXYPROGESTERONE ACETATE OR 71-58-9/RN

=> s premarin or cenestin or conjugated estrogen or 12126-59-9/rn

'RN' IS NOT A VALID FIELD CODE  
'RN' IS NOT A VALID FIELD CODE  
'RN' IS NOT A VALID FIELD CODE  
L8 8135 PREMARIN OR CENESTIN OR CONJUGATED ESTROGEN OR 12126-59-9/RN

=> s l7 and l8

L9 1721 L7 AND L8

=> s hot flashes or vasomotor

L10 27648 HOT FLASHES OR VASOMOTOR

=> s l9 and l10

L11 113 L9 AND L10

=> s l11 and py<1999

2 FILES SEARCHED...  
L12 75 L11 AND PY<1999

=> dup rem l12

PROCESSING COMPLETED FOR L12  
L13 63 DUP REM L12 (12 DUPLICATES REMOVED)

=> s l13 and hot flashes

L14 27 L13 AND HOT FLASHES

=> d l14 1-27 kwic ab bib

L14 ANSWER 1 OF 27 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.  
SO Menopause, (1998) 5/2 (102-106).  
Refs: 18  
ISSN: 1072-3714 CODEN: MENOF2  
AB . . . postmenopausal HRT and 176 women (28.7%) discontinued treatment

with an average 4.5 months duration of use (range 1- 60 months).  
**Hot flashes** was the most common reason for initiating therapy (258 women, 42,0%). Prevention of osteoporosis was mentioned by 149 (24.3%) women. . . .

CT Medical Descriptors:  
 \*hormone . . . flush: DT, drug therapy  
 postmenopause osteoporosis: DT, drug therapy  
 postmenopause osteoporosis: PC, prevention  
 patient education  
 uterus bleeding  
 human  
 female  
 major clinical study  
 controlled study  
 adult  
 oral drug administration  
 transdermal drug administration  
 article  
 \*conjugated estrogen: AD, drug administration  
 \*conjugated estrogen: CB, drug combination  
 \*conjugated estrogen: DT, drug therapy  
 \*estradiol: AD, drug administration  
 \*estradiol: CB, drug combination  
 \*estradiol: DT, drug therapy  
 \*medroxyprogesterone acetate: CB, drug combination  
 \*medroxyprogesterone acetate: DT, drug therapy

RN (estradiol) 50-28-2; (medroxyprogesterone acetate)  
 71-58-9

CN (1) Premarin; (2) Estraderm; (3) Farlutal

AB Objective: The purpose of this study was to determine women's own reasons for postmenopausal hormone replacement therapy (HRT) utilization and discontinuation in a Turkish population and to investigate the variables that have influenced the compliance to treatment. Design: The study was comprised of 613 postmenopausal women who presented to the Menopause Unit in the Marmara University Hospital. Results: A total of 437 women (71.2%) reported that they continued using postmenopausal HRT and 176 women (28.7%) discontinued treatment with an average 4.5 months duration of use (range 1- 60 months). **Hot flashes** was the most common reason for initiating therapy (258 women, 42,0%). Prevention of osteoporosis was mentioned by 149 (24.3%) women as a reason to begin HRT. Bleeding episodes (44.8%) was the most common factor in the patient's decision to discontinue HRT. Continuation of HRT was significantly more common among women who started HRT either because of physician recommendation or osteoporosis concern ( $p < 0.05$ ). Additionally, a greater percentage of surgically menopausal women began and continued HRT( $p < 0.0001$ ) than naturally menopausal women. The educational status of the patients was directly related to incidence of beginning HRT but was not related to the discontinuation of HRT. Conclusions: Education of menopausal women about the long-term benefits of HRT is critical in improving compliance.

AN 1998205132 EMBASE

TI Compliance considerations with hormone replacement therapy.

AU Karakoc B.; Erenus M.

CS Dr. M. Erenus, Hamam Sokak 94/4A 81080, Istanbul, Turkey

SO Menopause, (1998) 5/2 (102-106).  
 Refs: 18  
 ISSN: 1072-3714 CODEN: MENOF2

CY United States

DT Journal; Article

FS 003 Endocrinology  
 010 Obstetrics and Gynecology  
 017 Public Health, Social Medicine and Epidemiology  
 037 Drug Literature Index

LA English

SL English

TI [Clinical manifestations in menopause with modifications to hormone replacement therapy. Multicentre clinical trial comparing mixed hormones

(  
**conjugated estrogens** plus medroxyprogesterone vs. estradiol valerate plus cyproterone acetate)].  
MANIFESTACIONES CLINICAS EN LA MENOPAUSIA Y SUS MODIFICACIONES CON LA  
TERAPIA HORMONAL. . .

SO Revista Colombiana de Obstetricia y Ginecologia, (1996) 47/4 (263-272).  
Refs: 40

ISSN: 0034-7434 CODEN: RCOGAJ

AB . . . progestogen in perimenopausal women. METHODS: An open, multicentric, randomized clinical study was designed to compare two different combined hormonal preparations (**conjugated estrogens** 0,625 mg daily for 21 days plus **medroxyprogesterone acetate** 5 mg from days 11 through 21 - group A, and estradiol valerate 2 mg daily for 21 days plus. . . (CDC, 1994). RESULTS: After one year of hormone-replacement therapy with combined estrogen and progestogen, both preparations reduced the prevalence of **hot flashes** (group A = 75.5%,  $p < 0.0001$ , group B = 83.3%,  $p < 0.00001$ ); the response to HRT was most pronounced during the first three months of treatment. The frequency of **hot flashes** was also significantly reduced by both regimens ( $p < 0.00001$ ), in particular for those reported as severe (more than 5. . .

CT Medical Descriptors:

\*hormone . . . side effect

heart palpitation

hot flush: DT, drug therapy

human

insomnia

major clinical study

mastalgia: SI, side effect

multicenter study

nausea: SI, side effect

randomized controlled trial

sleep disorder

statistical analysis

sweating

symptom

\***conjugated estrogen**: CT, clinical trial

\***conjugated estrogen**: CB, drug combination

\***conjugated estrogen**: CM, drug comparison

\***conjugated estrogen**: DT, drug therapy

\***conjugated estrogen**: AE, adverse drug reaction

\*cyproterone acetate plus estradiol valerate: DT, drug therapy

\*cyproterone acetate plus estradiol valerate: AE, adverse drug reaction

\*cyproterone. . .

AB BACKGROUND: Women in the menopause present multiple signs and symptoms as a consequence of estrogen deficiency. There are several drug treatments and different recommended dosages for hormone-replacement therapy (HRT). We evaluated the efficacy of two different hormonal regimens with

estrogen

and progestogen in perimenopausal women. METHODS: An open, multicentric, randomized clinical study was designed to compare two different combined hormonal preparations (**conjugated estrogens** 0,625 mg daily for 21 days plus **medroxyprogesterone acetate** 5 mg from days 11 through 21 - group A, and estradiol valerate 2 mg daily for 21 days plus cyproterone acetate 1 mg from days 11 through 21, group B). 104 healthy climacteric women with flashes, nocturnal sweats and

other

symptoms due to estrogen deficiency were recruited between april 1993 and december 1995. We report on 87 women see for a period of one year with follow-up visits after recruitment and one, three, six, nine and twelve months of HRT. Statistical analysis was performed to ascertain

differences

in proportions between groups and for changes during treatment time. We used ANOVA and chi-square or Fisher's test, with a level of significance

P < 0,05. All analyses were done using 6.01 (CDC, 1994). RESULTS: After one year of hormone-replacement therapy with combined estrogen and progestogen, both preparations reduced the prevalence of **hot flashes** (group A = 75.5%, p < 0.0001, group B = 83.3%, p < 0,00001); the response to HRT was most pronounced during the first three months of treatment. The frequency of **hot flashes** was also significantly reduced by both regimens (p < 0.00001), in particular for those reported as severe (more than 5 episodes per day), which almost disappeared after three months of therapy. Episodes of night sweats were significantly reduced in both groups, and also specially those perceived by women as severe. Important relief of symptoms like insomnia, sleep disturbances, depressive mood, palpitations and dyspareunia was also recorded. There were no changes in body mass index and no thromboembolic disorders occurred. The most common side effects in both groups were

breast tenderness, nausea, edema and headache, occurring most commonly at the beginning of HRT. CONCLUSIONS: In perimenopausal women, HRT with two different combined estrogen and progestogen preparations was well tolerated and showed equal efficacy for the relief of the most common climacteric symptoms.

AN 97125711 EMBASE  
DN 1997125711  
TI [Clinical manifestations in menopause with modifications to hormone replacement therapy. Multicentre clinical trial comparing mixed hormones (conjugated estrogens plus medroxyprogesterone vs. estradiol valerate plus cyproterone acetate)].  
MANIFESTACIONES CLINICAS EN LA MENOPAUSIA Y SUS MODIFICACIONES CON LA TERAPIA HORMONAL DE SUSTITUCION ENSAYO CLINICO MULTICENTRICO COLOMBIANO COMPARATIVE DE DOS MEZCLAS HORMONALES (ESTREGENOS CONJUGADOS MAS MEDROXIPROGESTERONA VS. VALERATO DE ESTRADIOL MAS ACETATO DE CIPROTERONA).  
AU Sanchez F.E.; Urdinola J.M.; Onatra W.H.; Posso H.V.; Sanchez J.A.; Alwers R.C.  
CS F.E. Sanchez, Universidad de Antioquia, Programa de Reproduccion, Clinica del Prado, Medellin, Colombia  
SO Revista Colombiana de Obstetricia y Ginecologia, (1996) 47/4 (263-272).  
Refs: 40  
ISSN: 0034-7434 CODEN: RCOGAJ  
CY Colombia  
DT Journal; Article  
FS 003 Endocrinology  
010 Obstetrics and Gynecology  
037 Drug Literature Index  
038 Adverse Reactions Titles  
LA Spanish  
SL Spanish; English

L14 ANSWER 3 OF 27 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.  
SO Breast Journal, (1997) 3/2 (63-68).  
Refs: 26  
ISSN: 1075-122X CODEN: BRJOFK

AB . . . from breast cancer diagnosis to initiation of HRT ranged from .0 to 23.9, mean 3.7 years. HRT was administered for **hot flashes** in 77%, dyspareunia/vaginal dryness 53.5%, reactive depression/anxiety 34%. The duration of replacement therapy ranged from .10-17.5, mean 2.5 years. **Hot flashes** were relieved in 98%, dyspareunia/vaginal dryness 95%, and reactive depression/anxiety 95%.

One new primary or ipsilateral breast recurrence (DCIS with. . .

CT Medical Descriptors:  
\*breast cancer: SU, surgery



\*estrogen therapy

adult

aged

anxiety

article

depression

dyspareunia

female

hot flush

human

major clinical study

mastectomy

postmenopause

vagina disease

xerosis

\*estrogen: CB, drug combination

\*gestagen: CB, drug combination

**conjugated estrogen: CB, drug combination**

estradiol: CB, drug combination

estrone: CB, drug combination

**medroxyprogesterone acetate: CB, drug combination**

megestrol acetate: CB, drug combination

progesterone: CB, drug combination

tamoxifen: CB, drug combination

RN (estradiol) 50-28-2; (estrone) 53-16-7; (**medroxyprogesterone acetate**) 71-58-9; (megestrol acetate) 595-33-5; (progesterone) 57-83-0; (tamoxifen) 10540-29-1

AB The use of hormone replacement therapy (HRT) in postmenopausal breast cancer survivors is controversial. This report describes the symptomatic benefit of HRT and the subsequent risk of recurrent breast cancer in a group of postmenopausal women with a prior history of locally treated breast cancer. One-hundred and fourteen disease-free patients received

HRT to control estrogen deficiency problems after local breast cancer therapy.

Thirty-three had American Joint Committee on Cancer (AJCC) stage 0 at diagnosis, 43 stage 1, 24 stage 2A, 12 stage 2B, 1 stage 3A, and 1 stage 3B. Pathology was infiltrating carcinoma in 81, ductal carcinoma in situ (DCIS) 29, and lobular carcinoma in situ 4. Fifty-six were receiving HRT at the time of breast cancer diagnosis with 20 continuing HRT.

One-hundred

and eight patients received either an estrogen or an estrogen/progestin combination with 6 receiving vaginal estrogens. The time from breast cancer diagnosis to initiation of HRT ranged from .0 to 23.9, mean 3.7 years. HRT was administered for **hot flashes** in 77%, dyspareunia/vaginal dryness 53.5%, reactive depression/anxiety 34%. The duration of replacement therapy ranged from .10-17.5, mean 2.5 years.

**Hot flashes** were relieved in 98%, dyspareunia/vaginal dryness 95%, and reactive depression/anxiety 95%. One new primary or ipsilateral breast recurrence (DCIS with microinvasion) 1.8%, (1/56, 95% confidence interval [CI], .045-9.6%) was observed. One patient developed DCIS within breast tissue left on the chest wall after a modified mastectomy. Two new contralateral primaries, 2.0%, (2/103, 95% CI, .24-6.8%) were observed. One occurred in the contralateral breast during therapy for an ipsilateral chest wall and systemic recurrence. Three patients, 3.0% (3/114, 95% CI, .55-7.5%) have experienced systemic

relapse

with two deaths. In this selected group of postmenopausal women

survivors,

HRT dramatically relieved estrogen deficiency symptoms and did not appear to increase the risk of an ipsilateral, contralateral, or systemic recurrence.

AN 97124517 EMBASE

DN 1997124517

TI Hormone replacement therapy in breast cancer survivors.

AU Decker D.A.; Pettinga J.E.; Cox T.C.; Burdakin J.H.; Jaiyesimi I.A.;

Benitez P.R.  
 CS Dr. D.A. Decker, Cancer Care Associates, Wayne State University, 3535  
 West 13 Mile Road, Royal Oak, MI 48073, United States  
 SO Breast Journal, (1997) 3/2 (63-68).  
 Refs: 26  
 ISSN: 1075-122X CODEN: BRJOFK  
 CY United States  
 DT Journal; Article  
 FS 003 Endocrinology  
 016 Cancer  
 030 Pharmacology  
 037 Drug Literature Index  
 LA English  
 SL English

L14 ANSWER 4 OF 27 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.  
 SO Journal of Bone and Mineral Research, (1996) 11/6 (835-842).  
 ISSN: 0884-0431 CODEN: JBMREJ

AB . . . endometrium in healthy, postmenopausal women. A total of 251  
 women received either placebo, raloxifene HCl 200 or 600 mg/day, or  
**conjugated estrogens (Premarin, 0.625 mg/day)**.  
 Bone turnover (serum alkaline phosphatase, serum osteocalcin, urinary  
 pyridinoline cross-links, urinary calcium excretion, urinary  
 hydroxyproline) and serum lipids. . . treatment. Biopsies of the  
 estrogen group showed significant endometrial stimulation. The only  
 adverse event possibly related to raloxifene was vasodilatation (  
**hot flashes**) which was most common in the raloxifene HCl  
 600 mg group. Study results indicate that raloxifene may provide  
 beneficial effects. . .

CT Medical Descriptors:  
 \*bone . . . study  
 double blind procedure  
 endometrium  
 endometrium biopsy  
 estrogen therapy  
 female  
 hot flush: SI, side effect  
 human  
 human experiment  
 multicenter study  
 phase 2 clinical trial  
 randomized controlled trial  
 vasodilatation  
 \*alkaline phosphatase: EC, endogenous compound  
**\*conjugated estrogen**  
 \*lipid  
 \*raloxifene: AE, adverse drug reaction  
 \*raloxifene: CT, clinical trial  
 \*raloxifene: DV, drug development  
 \*raloxifene: PD, pharmacology  
 cholesterol  
**medroxyprogesterone acetate**  
 osteocalcin: EC, endogenous compound

RN (alkaline phosphatase) 9001-78-9; (lipid) 66455-18-3; (raloxifene)  
 82640-04-8, 84449-90-1; (cholesterol) 57-88-5; (  
**medroxyprogesterone acetate**) 71-58-9; (osteocalcin)  
 136461-80-8

CN (1) Provera; **Premarin**; Ly 139481

AB This randomized, double-blind, placebo-controlled, multicenter, 8-week  
 study evaluated short-term effects of raloxifene on bone turnover, serum  
 lipids, and endometrium in healthy, postmenopausal women. A total of 251  
 women received either placebo, raloxifene HCl 200 or 600 mg/day, or  
**conjugated estrogens (Premarin, 0.625 mg/day)**.  
 Bone turnover (serum alkaline phosphatase, serum osteocalcin, urinary  
 pyridinoline cross-links, urinary calcium excretion, urinary

hydroxyproline) and serum lipids (total serum cholesterol, high- and low-density lipoprotein cholesterol [HDL-C and LDL-C]) were evaluated at weeks 0, 2, 4, and 8. Endometrial biopsies were performed at weeks 0 and 8. Treatment groups were compared for each parameter for baseline-to-endpoint changes. The estrogen and raloxifene groups experienced similar decreases in serum alkaline phosphatase (range 10-11%), serum osteocalcin (range 21-26%), urinary pyridinoline cross-links (range 20- 26%), and urinary calcium excretion (range 45-72%).

These decreases differed significantly compared with placebo-treated subjects for all markers except serum osteocalcin, the raloxifene HCl 200 mg group. LDL-C decreased significantly in the estrogen and both raloxifene groups (range 5-9%) compared with placebo-treated subjects. HDL-C increased significantly in the estrogen group (16%) but was unchanged in the raloxifene groups. HDL-C:LDL-C ratios increased significantly in the estrogen and raloxifene groups (range 9-29%). Serum cholesterol decreased significantly in both raloxifene groups (range 4-8%)

but was unchanged in the estrogen group. Uterine biopsies of raloxifene-treated subjects showed no change in the endometrium during this short-term treatment. Biopsies of the estrogen group showed significant endometrial stimulation. The only adverse event possibly related to raloxifene was vasodilatation (**hot flashes**) which was most common in the raloxifene HCl 600 mg group. Study results indicate that raloxifene may provide beneficial effects to bone and serum lipids in humans without uterine stimulatory effects.

AN 96178726 EMBASE

DN 1996178726

TI A controlled trial of raloxifene (LY139481) HCl: Impact on bone turnover and serum lipid profile in healthy postmenopausal women.

AU Draper M.W.; Flowers D.E.; Huster W.J.; Neild J.A.; Harper K.D.; Arnaud C.

CS Lilly Research Laboratories, Lilly Corporate Center 2244, Eli Lilly and Company, Indianapolis, IN 46285, United States

SO Journal of Bone and Mineral Research, (1996) 11/6 (835-842).

ISSN: 0884-0431 CODEN: JBMREJ

CY United States

DT Journal; Article

FS 020 Gerontology and Geriatrics

033 Orthopedic Surgery

037 Drug Literature Index

038 Adverse Reactions Titles

LA English

SL English

L14 ANSWER 5 OF 27 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.

SO Advances in Therapy, (1995) 12/6 (350-360).

ISSN: 0741-238X CODEN: ADTHE7

AB . . . androgen (Estratest.RTM.) are safe and effective when given alone

or combined with progestins for hormone-replacement therapy. Women who complained of **hot flashes**, cold sweats, and vaginal dryness before treatment showed dramatic improvement of these symptoms after taking Estratab or Estratest. In addition, . . .

CT Medical Descriptors:

\*hormone . . .

CB, drug combination

\*gestagen: CT, clinical trial

\*gestagen: AE, adverse drug reaction

antidiabetic agent: DT, drug therapy

beta adrenergic receptor blocking agent: DT, drug therapy

**conjugated estrogen**

diuretic agent: DT, drug therapy

estradiol

estratab

estratest

**medroxyprogesterone acetate**: PD, pharmacology  
 nonsteroid antiinflammatory agent: DT, drug therapy  
 norethisterone acetate: PD, pharmacology  
 piperazine estrone sulfate  
 psychotropic agent: DT, drug therapy  
 unclassified drug

RN (estradiol) 50-28-2; (**medroxyprogesterone acetate**)  
 71-58-9; (norethisterone acetate) 51-98-9; (piperazine estrone sulfate)  
 7280-37-7

CN Estratest; Curretab; Provera; Norlutate; **Premarin**; Ogen;  
 Estrace; Estraderm; Estratab

AB We undertook a postmarketing surveillance study of 57 postmenopausal  
 women  
 (mean age, 49.4 years) to see whether esterified estrogens  
 (Estratab.RTM.)  
 and estrogen plus androgen (Estratest.RTM.) are safe and effective when  
 given alone or combined with progestins for hormone-replacement therapy.  
 Women who complained of **hot flashes**, cold sweats, and  
 vaginal dryness before treatment showed dramatic improvement of these  
 symptoms after taking Estratab or Estratest. In addition, 50% to 70% of  
 study participants had lessened insomnia, fatigue, anxiety, and  
 depression.

AN 96045496 EMBASE  
 DN 1996045496  
 TI Esterified estrogens or estrogen plus androgen: Effective postmenopausal  
 hormone-replacement therapy.  
 AU Wiita B.; Young J.G.; Downey L.J.  
 CS Solvay Pharmaceuticals, Inc., 901 Sawyer Road, Marietta, GA 30062, United  
 States  
 SO Advances in Therapy, (1995) 12/6 (350-360).  
 ISSN: 0741-238X CODEN: ADTHE7  
 CY United States  
 DT Journal; Article  
 FS 006 Internal Medicine  
 010 Obstetrics and Gynecology  
 037 Drug Literature Index  
 038 Adverse Reactions Titles

LA English  
 SL English

L14 ANSWER 6 OF 27 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.  
 TI **Hot flashes** - Physiology, hormonal therapy, and  
 alternative therapies.  
 SO Obstetrics and Gynecology Clinics of North America, (1994) 21/2  
 (381-390).  
 ISSN: 0889-8545 CODEN: OGCAE8

AB Hormone replacement therapy should be discussed with every postmenopausal  
 woman and should be the first therapy offered to treat **hot  
 flashes** owing to its high efficacy and other beneficial  
 properties. Women who are ineligible for or uncomfortable with estrogen  
 replacement therapy and who suffer from **hot flashes**  
 that interfere with the quality of life should be offered other regimens  
 as discussed in this article.

CT Medical Descriptors:  
 \*hot . . . DT, drug therapy  
 \*hot flush: PC, prevention  
 behavior therapy  
 clinical feature  
 exercise  
 female  
 hormonal therapy  
 human  
 insomnia: SI, side effect  
 pathophysiology  
 priority journal  
 review

syncope: SI, side effect  
 treatment planning  
 uterus bleeding: SI, side effect  
**vasomotor reflex**  
 vertigo: SI, side effect  
 xerostomia: SI, side effect  
 \*conjugated estrogen: AE, adverse drug reaction  
 \*conjugated estrogen: CB, drug combination  
 \*conjugated estrogen: DT, drug therapy  
 \*medroxyprogesterone acetate: DT, drug therapy  
 \*medroxyprogesterone acetate: AE, adverse drug reaction  
 \*megestrol acetate: DT, drug therapy  
 \*quinestradol: DT, drug therapy  
 bellergal: DT, drug therapy  
 clonidine: DT, drug therapy  
 clonidine: AE, adverse. . .

RN (medroxyprogesterone acetate) 71-58-9; (megestrol acetate) 595-33-5; (quinestradol) 1169-79-5; (bellergal) 57657-51-9; (clonidine) 4205-90-7, 4205-91-8, 57066-25-8; (danazol) 17230-88-5; (estradiol) 50-28-2; (testosterone) 58-22-0; (veralipride) 66644-81-3

CN Estrace; Depo provera; Provera; **Premarin**

AB Hormone replacement therapy should be discussed with every postmenopausal woman and should be the first therapy offered to treat **hot flashes** owing to its high efficacy and other beneficial properties. Women who are ineligible for or uncomfortable with estrogen replacement therapy and who suffer from **hot flashes** that interfere with the quality of life should be offered other regimens as discussed in this article.

AN 94192252 EMBASE  
 DN 1994192252  
 TI **Hot flashes** - Physiology, hormonal therapy, and alternative therapies.  
 AU Ginsburg E.S.  
 CS Department of Obstetrics/Gynecology, Brigham and Women's Hospital, Boston, MA 02115, United States  
 SO Obstetrics and Gynecology Clinics of North America, (1994) 21/2 (381-390).  
 ISSN: 0889-8545 CODEN: OGCAE8  
 CY United States  
 DT Journal; General Review  
 FS 003 Endocrinology  
 010 Obstetrics and Gynecology  
 037 Drug Literature Index  
 038 Adverse Reactions Titles  
 LA English  
 SL English

L14 ANSWER 7 OF 27 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.  
 SO Journal of Clinical Endocrinology and Metabolism, (1990) 70/4 (1124-1131).  
 ISSN: 0021-972X CODEN: JCEMAZ

AB . . . of mood, physical symptoms, sexual behavior, and perceived sexual pleasure were collected. Daily treatments were either conjugated equine estrogen, i.e. **Premarin** (P; 0.625 mg), **Premarin** and **medroxyprogesterone acetate**, i.e. Provera (PP; 0.625 and 5 mg, respectively), **Premarin** and methyltestosterone (PT; 0.625 and 5 mg, respectively), or placebo (PL). Compared to placebo, hormone treatment had significantly reduced hot flashes in the P and PP groups by week 4 and in the PT group by week 5. Headaches were reduced. . .

CT Medical Descriptors:  
 \*arousal  
 \*behavior  
 \*mood  
 \*postmenopause

\*sex  
adult  
psychological aspect  
controlled study  
human  
normal human  
female  
oral drug administration  
article  
priority journal  
drug therapy  
estradiol  
testosterone

\*conjugated estrogen: DT, drug therapy

\*medroxyprogesterone acetate: DT, drug therapy

\*methyltestosterone: DT, drug therapy

RN (estradiol) 50-28-2; (testosterone) 58-22-0; (medroxyprogesterone acetate) 71-58-9; (methyltestosterone) 58-18-4

CN (1) Premarin; (2) Provera

AB To assess the contribution of gonadal steroids to sexual behavior in aging

women, we conducted a 10-week, double-blind, hormone replacement study of 40 naturally menopausal women (mean age, 58.3 yr). Prospective measurements of basal and stimulated vaginal vasocongestion and daily self-reports of mood, physical symptoms, sexual behavior, and perceived sexual pleasure were collected. Daily treatments were either conjugated equine estrogen, i.e. **Premarin** (P; 0.625 mg), **Premarin** and **medroxyprogesterone acetate**, i.e. Provera (PP; 0.625 and 5 mg, respectively), **Premarin** and methyltestosterone (PT; 0.625 and 5 mg, respectively), or placebo (PL). Compared to placebo, hormone treatment had significantly reduced **hot flashes** in the P and PP groups by week 4 and in the PT group by week 5. Headaches were reduced in the P vs. PL group, only. Hormone treatment did not significantly alter mood ratings, sexual behaviors, or psychophysiological sexual arousal. PT treatment significantly increased reports of pleasure from masturbation compared to the other three groups, underscoring the apparent contribution of androgens to self-stimulatory behavior. However, the data suggest that in these physically and sexually healthy women, gonadal steroids do not influence major components of sexual functioning, including arousal and a wide variety of sexual activity and experience.

AN 90138983 EMBASE

DN 1990138983

TI Effects of estrogen, androgen, and progestin on sexual psychophysiology and behavior in postmenopausal women.

AU Myers L.S.; Dixen J.; Morrissette D.; Carmichael M.; Davidson J.M.

CS Department of Physiology, Stanford University, Stanford, CA 94305-5070, United States

SO Journal of Clinical Endocrinology and Metabolism, (1990) 70/4 (1124-1131).

ISSN: 0021-972X CODEN: JCEMAZ

CY United States

DT Journal; Article

FS 003 Endocrinology

010 Obstetrics and Gynecology

032 Psychiatry

030 Pharmacology

037 Drug Literature Index

LA English

SL English

L14 ANSWER 8 OF 27 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.

SO Obstetrics and Gynecology, (1981) 58/3 (267-275).

CODEN: OBGNAS

AB . . . under close scrutiny. The indications and side effects of replacement therapy are reviewed, and recommendations regarding its use

are made. **Hot flashes**, atrophy of the vaginal epithelium, and prevention of osteoporosis have been established as indications for estrogen replacement therapy. Prevention of . . . examine this question. Various agents have been shown to be effective in treating some climacteric symptoms. These include progestogens for **hot flashes** and calcium for the prevention of osteoporosis. Other agents may also be effective but have not been tested critically.

CT Medical Descriptors:  
 \*estrogen therapy  
 \*hot flush  
 \*osteoporosis  
 \*postmenopause  
 \*vagina epithelium  
 drug therapy  
 bone  
 therapy  
 endocrine system  
 \*conjugated estrogen  
 \*medroxyprogesterone acetate  
 \*mestranol  
 \*norethisterone

RN (medroxyprogesterone acetate) 71-58-9; (mestranol) 72-33-3; (norethisterone) 68-22-4

AB The use of estrogen replacement therapy in postmenopausal women is under close scrutiny. The indications and side effects of replacement therapy are reviewed, and recommendations regarding its use are made. **Hot flashes**, atrophy of the vaginal epithelium, and prevention of osteoporosis have been established as indications for estrogen replacement therapy. Prevention of cardiovascular disease, aging changes of skin, and the occurrence of mental illness have also been suggested as indications, but beneficial effects of estrogen replacement therapy for these problems have not been clearly established. Studies have shown that side effects of estrogen replacement therapy include endometrial cancer, hypertension, gallbladder disease, and angina pectoris. Breast cancer may also be a risk factor, but a consensus of opinion has not been established. Pulmonary embolism, cerebral vascular accident, or myocardial infarction has not been associated with estrogen replacement therapy. The use of progesterone with estrogen replacement therapy has been shown to reduce the occurrence rate of endometrial carcinoma, but it does not prevent all the actions of estrogen. Oral administration of estrogen is the preferred route despite misgivings about absorption and liver metabolism. Further studies must examine this question. Various agents have been shown to be effective in treating some climacteric symptoms. These include progestogens for **hot flashes** and calcium for the prevention of osteoporosis. Other agents may also be effective but have not been tested critically.

AN 81238268 EMBASE  
 DN 1981238268  
 TI Estrogen replacement therapy.  
 AU Judd H.L.; Cleary R.E.; Creasman W.T.; et al.  
 CS Dept. Obstet. Gynecol., Cent. Hlth Sci., UCLA Sch. Med., Los Angeles, Calif. 90024, United States  
 SO Obstetrics and Gynecology, (1981) 58/3 (267-275).  
 CODEN: OBGNAS  
 CY United States  
 DT Journal  
 FS 010 Obstetrics and Gynecology  
 006 Internal Medicine  
 037 Drug Literature Index  
 003 Endocrinology  
 LA English

L14 ANSWER 9 OF 27 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.  
SO Clinical Obstetrics and Gynecology, (1981) 24/1 (231-241).  
CODEN: COGYAK

AB **Hot flashes** also occur in women who experience estrogen deficiency following exogenous estrogen withdrawal or in association with hypothalamic-pituitary dysfunction. Men who receive exogenous estrogen experience **hot flashes** on estrogen withdrawal. The pathophysiology of the hot flash is unknown. Recent evidence indicates that the onset of the hot flash immediately follows a release of pituitary LH. The similarity of **hot flashes** and the symptoms of catecholamine excess syndromes suggests a catecholaminergic basis for the hot flash. Persons who experience **hot flashes** experience dramatic relief when they are given exogenous estrogen. This suggests that **hot flashes** are the manifestation of estrogen deficiency, and thus, appropriate hormonal replacement is the therapy of choice. Critics of exogenous estrogen. . . but rather treat those who are symptomatic. For women

who are unable to take exogenous estrogen, alternative therapy such as **medroxyprogesterone acetate** may provide adequate relief. Clonidine has been reported effective in one study.

CT Medical Descriptors:

\*hot flush  
\*menopause  
pathogenesis  
drug therapy  
etiology  
therapy  
\*catecholamine  
\*clonidine  
\*conjugated estrogen  
\***medroxyprogesterone acetate**  
\*placebo  
estrogen  
progesterone

RN (clonidine) 4205-90-7, 4205-91-8, 57066-25-8; (**medroxyprogesterone acetate**) 71-58-9; (progesterone) 57-83-0

AB **Hot flashes** also occur in women who experience estrogen deficiency following exogenous estrogen withdrawal or in association with hypothalamic-pituitary dysfunction. Men who receive exogenous estrogen experience **hot flashes** on estrogen withdrawal. The pathophysiology of the hot flash is unknown. Recent evidence indicates that the onset of the hot flash immediately follows a release of pituitary LH. The similarity of **hot flashes** and the symptoms of catecholamine excess syndromes suggests a catecholaminergic basis for the hot flash. Persons who experience **hot flashes** experience dramatic relief when they are given exogenous estrogen. This suggests that **hot flashes** are the manifestation of estrogen deficiency, and thus, appropriate hormonal replacement is the therapy of choice. Critics of exogenous estrogen therapy contend that so little is known of the mechanism of the hot flash that estrogen replacement is not indicated. In my opinion, estrogen replacement is warranted in perimenopausal women, postmenopausal women, and estrogen-deficient premenopausal women. I do not administer estrogen routinely to menopausal women, but rather treat those who are symptomatic. For women who are unable to take exogenous estrogen, alternative therapy such as **medroxyprogesterone acetate** may provide adequate relief. Clonidine has been reported effective in one study.

AN 81137187 EMBASE

DN 1981137187

TI On the nature of the hot flash.

AU Bates G.W.

CS Univ. Mississippi Med. Cent., Jackson, Miss., United States

SO Clinical Obstetrics and Gynecology, (1981) 24/1 (231-241).



CODEN: COGYAK  
 CY United States  
 DT Journal  
 FS 010 Obstetrics and Gynecology  
 037 Drug Literature Index  
 003 Endocrinology  
 LA English

L14 ANSWER 10 OF 27 USPATFULL  
 PI US 5854229 19981229 <--  
 SUMM Currently, low dose estrogen therapy is the standard approach used in perimenopausal and menopausal women to relieve **vasomotor** symptoms, urogenital atrophy, osteoporosis and other symptoms and signs associated with menopause (for review, see Edman, C. D., Estrogen Replacement. . . .  
 DETD The first manifestations of menopause are usually **hot flashes**. Further characterization of menopause can be determined in accordance with known techniques. See for Example, The Menopause (Herbert J, Buchsbaum,. . . .  
 DETD . . . diminished by the contraceptive technique described herein, ovarian production of estrogen and progesterone is decreased. Thus administering a progestin (e.g. **medroxyprogesterone acetate**, megestrol acetate, norethynodrel, L-norgestrel) to prevent endometrial hypertrophy as part of the contraceptive method is preferred. Androgenic progestins are preferred.. . .  
 DETD . . . another compound which acts as an estrogen receptor agonist. When administered separately, commercially available estrogen supplements may be used, e.g., **PREMARIN** available from Ayerst (St-Laurent, Quebec, Canada). One preferred precursor is DHEA, although DHEA-S and analogs discussed below are also especially. . . . For typical patients, the appropriate dosage of estrogen to achieve desired serum concentrations is between 0.3 and 2.5 milligrams of **PREMARIN** per day per 50 kg of body weight when administered orally. In certain embodiments of the invention, the estrogen may. . . .  
 DETD . . . embodiment, menopause is treated with precursor as set forth above, in combination with periodic administration of a progestin such as **medroxyprogesterone acetate** (e.g. Provera) which is preferably administered intermittently, e.g. at a dosage of 2-10 mg per day for 12 consecutive days,. . . .  
 DETD . . . Examples 14-17, a progestin and/or an estrogen may be added. For example 0.005 to 0.02% 17.beta.-estradiol and/or 0.2 to 2.0% **medroxyprogesterone acetate** may be added with corresponding reductions in water or ethanol or petrolatum. DHEA permeability can be enhanced by various techniques. . . .  
 AB Sex steroid precursors such as dehydroepiandrosterone and dehydroepiandrosterone sulphate, and compounds converted in vivo to either of the foregoing, are utilized for the treatment and/or prevention of vaginal atrophy, hypogonadism, diminished libido, osteoporosis, urinary incontinence, ovarian cancer, uterine cancer,  
 skin atrophy, for contraception, and, in combination with an estrogen and/or progestin, for the treatment of menopause. The precursors may be formulated for percutaneous or transmucosal administration. Gels, solutions, lotions, creams, ointments and transdermal patches for the administration of these precursors are provided, as are certain pharmaceutical compositions and kits which can be used for the prevention and treatment of a wide variety of conditions related to decreased secretion of sex steroid precursors by the adrenals.  
 AN 1998:162493 USPATFULL  
 TI Therapeutic methods and delivery systems utilizing sex steroid precursors  
 IN Labrie, Fernand, Quebec, Canada  
 PA Endorecherche, Inc., Quebec, Canada (non-U.S. corporation)  
 PI US 5854229 19981229 <--  
 AI US 1995-477173 19950607 (8)

RLI Division of Ser. No. US 1994-180361, filed on 18 Jan 1994 which is a  
continuation-in-part of Ser. No. US 1993-5619, filed on 19 Jan 1993,  
now abandoned  
DT Utility  
FS Granted  
EXNAM Primary Examiner: Raymond, Richard L.  
LREP Ostrolenk, Faber, Gerb & Soffen, LLP  
CLMN Number of Claims: 4  
ECL Exemplary Claim: 1  
DRWN 32 Drawing Figure(s); 9 Drawing Page(s)  
LN.CNT 1881  
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 11 OF 27 USPATFULL

PI US 5843932 19981201 <--

SUMM Currently, low dose estrogen therapy is the standard approach used in  
perimenopausal and menopausal women to relieve **vasomotor**  
symptoms, urogenital atrophy, osteoporosis and other symptoms and signs  
associated with menopause (for review, see Edman, C. D., Estrogen  
Replacement. . . .

DETD The first manifestations of menopause are usually **hot**  
**flashes**. Further characterization of menopause can be determined  
in accordance with known techniques. See for Example, The Menopause  
(Herbert J, Buchsbaum, . . . .

DETD . . . . diminished by the contraceptive technique described herein,  
ovarian production of estrogen and progesterone is decreased. Thus  
administering a progestin (e.g. **medroxyprogesterone**  
**acetate**, megestrol acetate, norethynodrel, L-norgestrel) to  
prevent endometrial hypertrophy as part of the contraceptive method is  
preferred. Androgenic progestins are preferred.. . .

DETD . . . . another compound which acts as an estrogen receptor agonist.  
When administered separately, commercially available estrogen  
supplements may be used, e.g., **PREMARIN** available from Ayerst  
(St-Laurent, Quebec, Canada). One preferred precursor is DHEA, although  
DHEA-S and analogs discussed below are also especially. . . . For  
typical patients, the appropriate dosage of estrogen to achieve desired  
serum concentrations is between 0.3 and 2.5 milligrams of  
**PREMARIN** per day per 50 kg of body weight when administered  
orally. In certain embodiments of the invention, the estrogen may. . .

DETD . . . . embodiment, menopause is treated with precursor as set forth  
above, in combination with periodic administration of a progestin such  
as **medroxyprogesterone acetate** (e.g. Provera) which  
is preferably administered intermittently, e.g. at a dosage of 2-10 mg  
per day for 12 consecutive days,. . . .

DETD . . . . Examples 14-17, a progestin and/or an estrogen may be added.  
For example 0.005 to 0.02% 17.beta.-estradiol and/or 0.2 to 2.0%

**medroxyprogesterone acetate** may be added with  
corresponding reductions in water or ethanol or petrolatum. DHEA  
permeability can be enhanced by various techniques. . . .

AB Sex steroid precursors such as dehydroepiandrosterone and  
dehydroepiandrosterone sulphate, and compounds converted in vivo to  
either of the foregoing, are utilized for the treatment and/or  
prevention of vaginal atrophy, hypogonadism, diminished libido,  
osteoporosis, urinary incontinence, ovarian cancer, uterine cancer,

skin  
atrophy, for contraception, and, in combination with an estrogen and/or  
progestin, for the treatment of menopause. The precursors may be  
formulated for percutaneous or transmucosal administration. Gels,  
solutions, lotions, creams, ointments and transdermal patches for the  
administration of these precursors are provided, as are certain  
pharmaceutical compositions and kits which can be used for the  
prevention and treatment of a wide variety of conditions related to  
decreased secretion of sex steroid precursors by the adrenals.

AN 1998:150934 USPATFULL

TI Therapeutic methods and delivery systems utilizing sex steroid precursors  
IN Labrie, Fernand, Quebec, Canada  
PA Endorcaherche, Inc., Quebec, Canada (non-U.S. corporation)  
PI US 5843932 19981201 <--  
AI US 1995-473815 19950607 (8)  
RLI Division of Ser. No. US 1994-180361, filed on 18 Jan 1994 which is a continuation-in-part of Ser. No. US 1993-5619, filed on 19 Jan 1993,

now

abandoned  
DT Utility  
FS Granted  
EXNAM Primary Examiner: Burn, Brian M.  
LREP Ostrolenk, Faber, Gerb & Soffen, LLP  
CLMN Number of Claims: 2  
ECL Exemplary Claim: 1  
DRWN 32 Drawing Figure(s); 9 Drawing Page(s)  
LN.CNT 1880  
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 12 OF 27 USPATFULL

PI US 5837700 19981117 <--  
SUMM Currently, low dose estrogen therapy is the standard approach used in perimenopausal and menopausal women to relieve **vasomotor** symptoms, urogenital atrophy, osteoporosis and other symptoms and signs associated with menopause (for review, see Edman, C.D., Estrogen Replacement Therapy.. . . .  
DETD The first manifestations of menopause are usually **hot flashes**. Further characterization of menopause can be determined in accordance with known techniques. See for Example, The Menopause (Herbert J, Buchsbaum,. . . .  
DETD . . . diminished by the contraceptive technique described herein, ovarian production of estrogen and progesterone is decreased. Thus administering a progestin (e.g. **medroxyprogesterone acetate**, megestrol acetate, norethynodrel, L-norgestrel) to prevent endometrial hypertrophy as part of the contraceptive method is preferred. Androgenic progestins are preferred.. . . .  
DETD . . . another compound which acts as an estrogen receptor agonist. When administered separately, commercially available estrogen supplements may be used, e.g., **PREMARIN** available from Ayerst (St-Laurent, Quebec, Canada). One preferred precursor is DHEA, although DHEA-S and analogs discussed below are also especially. . . . For typical patients, the appropriate dosage of estrogen to achieve desired serum concentrations is between 0.3 and 2.5 milligrams of **PREMARIN** per day per 50 kg of body weight when administered orally. In certain embodiments of the invention, the estrogen may. . . .  
DETD . . . embodiment, menopause is treated with precursor as set forth above, in combination with periodic administration of a progestin such as **medroxyprogesterone acetate** (e.g. Provera) which is preferably administered intermittently, e.g. at a dosage of 2-10 mg per day for 12 consecutive days,. . . .  
DETD . . . Examples 14-17, a progestin and/or an estrogen may be added. For example 0.005 to 0.02% 17.beta.-estradiol and/or 0.2 to 2.0% **medroxyprogesterone acetate** may be added with corresponding reductions in water or ethanol or petrolatum. DHEA permeability can be enhanced by various techniques. . . .  
AB Sex steroid precursors such as dehydroepiandrosterone and dehydroepiandrosterone sulphate, and compounds converted in vivo to either of the foregoing, are utilized for the treatment and/or prevention of vaginal atrophy, hypogonadism, diminished libido, osteoporosis, urinary incontinence, ovarian cancer, uterine cancer,  
skin atrophy, for contraception, and, in combination with an estrogen and/or progestin, for the treatment of menopause. The precursors may be formulated for percutaneous or transmucosal administration. Gels,

solutions, lotions, creams, ointments and transdermal patches for the administration of these precursors are provided, as are certain pharmaceutical compositions and kits which can be used for the prevention and treatment of a wide variety of conditions related to decreased secretion of sex steroid precursors by the adrenals.

AN 1998:144099 USPATFULL

TI Therapeutic methods and delivery systems utilizing sex steroid precursors

IN Labrie, Fernand, Quebec, Canada

PA Endorecherche, Inc., Quebec, Canada (non-U.S. corporation)

PI US 5837700 19981117 <--

AI US 1995-485750 19950607 (8)

RLI Division of Ser. No. US 1994-180361, filed on 18 Jan 1994 which is a continuation-in-part of Ser. No. US 1993-5619, filed on 19 Jan 1993,

now abandoned

DT Utility

FS Granted

EXNAM Primary Examiner: Dees, Jose G.; Assistant Examiner: Cebulak, Mary C.

LREP Ostrolenk, Faber, Gerb & Soffen, LLP

CLMN Number of Claims: 5

ECL Exemplary Claim: 1

DRWN 32 Drawing Figure(s); 9 Drawing Page(s)

LN.CNT 1881

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 13 OF 27 USPATFULL

PI US 5824671 19981020 <--

SUMM Currently, low dose estrogen therapy is the standard approach used in perimenopausal and menopausal women to relieve **vasomotor** symptoms, urogenital atrophy, osteoporosis and other symptoms and signs associated with menopause (for review, see Edman, C. D., Estrogen Replacement. . . .

SUMM The first manifestations of menopause are usually **hot flashes**. Further characterization of menopause can be determined in accordance with known techniques. See for Example, The Menopause (Herbert J., Buchsbaum, . . . .

SUMM . . . . another compound which acts as an estrogen receptor agonist. When administered separately, commercially available estrogen supplements may be used, e.g., **PREMARIN** available from Ayerst (St. Laurent, Quebec, Canada). One preferred precursor is DHEA,

although DHEA-S and analogs discussed below are also. . . . For typical patients, the appropriate dosage of estrogen to achieve desired serum concentrations is between 0.3 and 2.5 milligrams of **PREMARIN** per day per 50 kg of body weight when administered orally. In certain embodiments of the invention, the estrogen may. . . .

SUMM . . . . embodiment, menopause is treated with precursor as set forth above, in combination with periodic administration of a progestin such as **medroxyprogesterone acetate** (e.g. Provera) which is preferably administered intermittently, e.g. at a dosage of 5-10 mg per day for 10 consecutive days,. . . .

AB Sex steroid precursors such as dehydroepiandrosterone and dehydroepiandrosterone sulphate, and compounds converted in vivo to either of the foregoing, are utilized for the treatment of vaginal atrophy, hypogonadism, diminished libido, loss of collagen or connective tissues in the skin, and, in combination with an estrogen and/or progestin, for the treatment of menopause. The precursors may be formulated for percutaneous or transmucosal administration. Gels, solutions, lotions, creams, ointments and transdermal patches for the administration of these precursors are provided, as are certain pharmaceutical compositions and kits which can be used for the prevention and treatment of a wide variety of conditions related to decreased secretion of sex steroid precursors by the adrenals.

AN 1998:128259 USPATFULL

TI Therapeutic methods and delivery systems utilizing sex steroid precursors  
IN Labrie, Fernand, Quebec, Canada  
PA Endorecherche Inc, Quebec, Canada (non-U.S. corporation)  
PI US 5824671 19981020 <--  
AI US 1995-480592 19950607 (8)  
RLI Division of Ser. No. US 1993-5619, filed on 19 Jan 1993, now abandoned  
DT Utility  
FS Granted  
EXNAM Primary Examiner: Clardy, S. Mark; Assistant Examiner: Cebulak, Mary C.  
LREP Ostrolenk, Faber, Gerb & Soffen, LLP  
CLMN Number of Claims: 14  
ECL Exemplary Claim: 1  
DRWN No Drawings  
LN.CNT 1533  
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 14 OF 27 USPATFULL

PI US 5807849 19980915 <--

SUMM Currently, low dose estrogen therapy is the standard approach used in perimenopausal and menopausal women to relieve **vasomotor** symptoms, urogenital atrophy, osteoporosis and other symptoms and signs associated with menopause (for review, see Edman, C. D., Estrogen Replacement. . . .

DETD The first manifestations of menopause are usually **hot flashes**. Further characterization of menopause can be determined in accordance with known techniques. See for Example, The Menopause (Herbert J, Buchsbaum, . . . .

DETD . . . . diminished by the contraceptive technique described herein, ovarian production of estrogen and progesterone is decreased. Thus administering a progestin (e.g. **medroxyprogesterone acetate**, megestrol acetate, norethynodrel, L-norgestrel) to prevent endometrial hypertrophy as part of the contraceptive method is preferred. Androgenic progestins are preferred. . . .

DETD . . . . another compound which acts as an estrogen receptor agonist. When administered separately, commercially available estrogen supplements may be used, e.g., **PREMARIN** available from Ayerst (St- Laurent, Quebec, Canada). One preferred precursor is DHEA,

although

DHEA-S and analogs discussed below are also. . . . For typical patients, the appropriate dosage of estrogen to achieve desired serum concentrations is between 0.3 and 2.5 milligrams of **PREMARIN** per day per 50 kg of body weight when administered orally. In certain embodiments of the invention, the estrogen may. . . .

DETD . . . . embodiment, menopause is treated with precursor as set forth above, in combination with periodic administration of a progestin such as **medroxyprogesterone acetate** (e.g. Provera) which is preferably administered intermittently, e.g. at a dosage of 2-10 mg per day for 12 consecutive days,. . . .

DETD . . . . and/or an estrogen may be added. For example 0.005 to 0.02% 17 .beta.-estradiol and/or 0.2 to 2.0and/or 0.2 to 2.0%

**medroxyprogesterone acetate** may be added with corresponding reductions in water or ethanol or petrolatum. DHEA permeability can be enhanced by various techniques. . . .

AB Sex steroid precursors such as dehydroepiandrosterone and dehydroepiandrosterone sulphate, and compounds converted in vivo to either of the foregoing, are utilized for the treatment and/or prevention of vaginal atrophy, hypogonadism, diminished libido, osteoporosis, urinary incontinence, ovarian cancer, uterine cancer,

skin

atrophy, for contraception, and, in combination with an estrogen and/or progestin, for the treatment of menopause. The precursors may be formulated for percutaneous or transmucosal administration. Gels, solutions, lotions, creams, ointments and transdermal patches for the administration of these precursors are provided, as are certain pharmaceutical compositions and kits which can be used for the

prevention and treatment of a wide variety of conditions related to decreased secretion of sex steroid precursors by the adrenals.  
AN 1998:111929 USPATFULL  
TI Therapeutic methods and delivery systems utilizing sex steroid precursors  
IN Labrie, Fernand, Quebec, Canada  
PA Endorecherche, Inc., Quebec, Canada (non-U.S. corporation)  
PI US 5807849 19980915 <--  
AI US 1995-489909 19950613 (8)  
RLI Division of Ser. No. US 1994-180361, filed on 18 Jan 1994 which is a continuation-in-part of Ser. No. US 1993-5619, filed on 19 Jan 1993,  
now abandoned  
DT Utility  
FS Granted  
EXNAM Primary Examiner: Dees, Jose G.; Assistant Examiner: Cebulak, Mary C.  
LREP Ostrolenk, Faber, Gerb & Soffen, LLP  
CLMN Number of Claims: 10  
ECL Exemplary Claim: 1  
DRWN 32 Drawing Figure(s); 9 Drawing Page(s)  
LN.CNT 1902  
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 15 OF 27 USPATFULL  
PI US 5798347 19980825 <--  
SUMM Currently, low dose estrogen therapy is the standard approach used in perimenopausal and menopausal women to relieve **vasomotor** symptoms, urogenital atrophy, osteoporosis and other symptoms and signs associated with menopause (for review, see Edman, C. D., Estrogen Replacement. . . .  
DETD The first manifestations of menopause are usually **hot flashes**. Further characterization of menopause can be determined in accordance with known techniques. See for Example, The Menopause (Herbert J., Buchsbaum, . . . .  
DETD . . . diminished by the contraceptive technique described herein, ovarian production of estrogen and progesterone is decreased. Thus administering a progestin (e.g. **medroxyprogesterone acetate**, megestrol acetate, norethynodrel, L-norgestrel) to prevent endometrial hypertrophy as part of the contraceptive method is preferred. Androgenic progestins are preferred.. . .  
DETD . . . another compound which acts as an estrogen receptor agonist. When administered separately, commercially available estrogen supplements may be used, e.g., **PREMARIN** available from Ayerst (St-Laurent, Quebec, Canada). One preferred precursor is DHEA, although DHEA-S and analogs discussed below are also especially. . . For typical patients, the appropriate dosage of estrogen to achieve desired serum concentrations is between 0.3 and 2.5 milligrams of **PREMARIN** per day per 50 kg of body weight when administered orally. In certain embodiments of the invention, the estrogen may. . .  
DETD . . . embodiment, menopause is treated with precursor as set forth above, in combination with periodic administration of a progestin such as **medroxyprogesterone acetate** (e.g. Provera) which is preferably administered intermittently, e.g. at a dosage of 2-10 mg per day for 12 consecutive days,. . .  
DETD . . . Examples 14-17, a progestin and/or an estrogen may be added. For example 0.005 to 0.02% 17.beta.-estradiol and/or 0.2 to 2.0% **medroxyprogesterone acetate** may be added with corresponding reductions in water or ethanol or petrolatum. DHEA permeability can be enhanced by various techniques. . .  
AB Sex steroid precursors such as dehydroepiandrosterone and dehydroepiandrosterone sulphate, and compounds converted in vivo to either of the foregoing, are utilized for the treatment and/or prevention of vaginal atrophy, hypogonadism, diminished libido, osteoporosis, urinary incontinence, ovarian cancer, uterine cancer,  
skin

atrophy, for contraception, and, in combination with an estrogen and/or progestin, for the treatment of menopause. The precursors may be formulated for percutaneous or transmucosal administration. Gels, solutions, lotions, creams, ointments and transdermal patches for the administration of these precursors are provided, as are certain pharmaceutical compositions and kits which can be used for the prevention and treatment of a wide variety of conditions related to decreased secretion of sex steroid precursors by the adrenals.

AN 1998:101638 USPATFULL

TI Therapeutic methods and delivery systems utilizing sex steroid precursors

IN Labrie, Fernand, Quebec, Canada

PA Endorecherche, Inc., Quebec, Canada (non-U.S. corporation)

PI US 5798347 19980825 <--

AI US 1995-477170 19950607 (8)

RLI Division of Ser. No. US 1994-180361, filed on 18 Jan 1994 which is a continuation-in-part of Ser. No. US 1993-5619, filed on 19 Jan 1993,

now abandoned

DT Utility

FS Granted

EXNAM Primary Examiner: Dees, Jose G.; Assistant Examiner: Cebulak, Mary C.

LREP Ostrolenk, Faber, Gerb & Soffen, LLP

CLMN Number of Claims: 10

ECL Exemplary Claim: 1

DRWN 32 Drawing Figure(s); 9 Drawing Page(s)

LN.CNT 1904

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 16 OF 27 USPATFULL

PI US 5780460 19980714 <--

SUMM Currently, low dose estrogen therapy is the standard approach used in perimenopausal and menopausal women to relieve **vasomotor** symptoms, urogenital atrophy, osteoporosis and other symptoms and signs associated with menopause (for review, see Edman, C. D., Estrogen Replacement. . . .

DETD The first manifestations of menopause are usually **hot flashes**. Further characterization of menopause can be determined in accordance with known techniques. See for Example, The Menopause (Herbert J, Buchsbaum, . . . .

DETD . . . . another compound which acts as an estrogen receptor agonist. When administered separately, commercially available estrogen supplements may be used, e.g., **PREMARIN** available from Ayerst (St-Laurent, Quebec, Canada). One preferred precursor is DHEA, although DHEA-S and analogs discussed below are also especially. . . . For typical patients, the appropriate dosage of estrogen to achieve desired serum concentrations is between 0.3 and 2.5 milligrams of **PREMARIN** per day per 50 kg of body weight when administered orally. In certain embodiments of the invention, the estrogen may. . . .

DETD . . . . embodiment, menopause is treated with precursor as set forth above, in combination with periodic administration of a progestin such as **medroxyprogesterone acetate** (e.g. Frovera) which is preferably administered intermittently, e.g. at a dosage of 10-10 mg per day for 10 consecutive days,. . . .

AB Sex steroid precursors such as dehydroepiandrosterone and dehydroepiandrosterone sulphate, and compounds converted in vivo to either of the foregoing, are utilized for the treatment of vaginal atrophy, hypogonadism, diminished libido, loss of collagen or connective tissues in the skin, and, in combination with an estrogen and/or progestin, for the treatment of menopause. The precursors may be formulated for percutaneous or transmucosal administration. Gels, solutions, lotions, creams, ointments and transdermal patches for the administration of these precursors are provided, as are certain pharmaceutical compositions and kits which can be used for the

prevention and treatment of a wide variety of conditions related to decreased secretion of sex steroid precursors by the adrenals.  
AN 1998:82748 USPATFULL  
TI Therapeutic methods and delivery systems utilizing sex steroid precursors  
IN Labrie, Fernand, Quebec, Canada  
PA Endorecherche, Inc., Quebec, Canada (non-U.S. corporation)  
PI US 5780460 19980714 <--  
AI US 1995-488392 19950607 (8)  
RLI Division of Ser. No. US 1993-5619, filed on 19 Jan 1993, now abandoned  
DT Utility  
FS Granted  
EXNAM Primary Examiner: Dees, Jose G.; Assistant Examiner: Cebulak, Mary C.  
LREP Ostrolenk, Faber, Gerb & Soffen, LLP  
CLMN Number of Claims: 2  
ECL Exemplary Claim: 1  
DRWN No Drawings  
LN.CNT 1488  
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 17 OF 27 USPATFULL

PI US 5776923 19980707 <--  
SUMM Currently, low dose estrogen therapy is the standard approach used in perimenopausal and menopausal women to relieve **vasomotor** symptoms, urogenital atrophy, osteoporosis and other symptoms and signs associated with menopause (for review, see Edman, C. D., Estrogen Replacement. . . .  
DETD The first manifestations of menopause are usually **hot flashes**. Further characterization of menopause can be determined in accordance with known techniques. See for Example, The Menopause (Herbert J., Buchsbaum, . . . .  
DETD . . . . diminished by the contraceptive technique described herein, ovarian production of estrogen and progesterone is decreased. Thus administering a progestin (e.g. **medroxyprogesterone acetate**, megestrol acetate, norethynodrel, L-norgestrel) to prevent endometrial hypertrophy as part of the contraceptive method is preferred. Androgenic progestins are preferred. . . .  
DETD . . . . another compound which acts as an estrogen receptor agonist. When administered separately, commercially available estrogen supplements may be used, e.g., **PREMARIN** available from Ayerst (St-Laurent, Quebec, Canada). One preferred precursor is DHEA, although DHEA-S and analogs discussed below are also especially. . . . For typical patients, the appropriate dosage of estrogen to achieve desired serum concentrations is between 0.3 and 2.5 milligrams of **PREMARIN** per day per 50 kg of body weight when administered orally. In certain embodiments of the invention, the estrogen may. . . .  
DETD . . . . another embodiment, menopause is treated with precursor asset forth above, in combination with periodic administration of a progestin such as **medroxyprogesterone acetate** (e.g. Provera) which is preferably administered intermittently e.g. at a dosage of  
2-10 mg per day for 12 consecutive days, . . . .  
DETD . . . . Examples 14-17, a progestin and/or an estrogen may be added. For example 0.005 to 0.02% 17.beta.-estradiol and/or 0.2 to 2.0% **medroxyprogesterone acetate** may be added with corresponding reductions in water or ethanol or petrolatum. DHEA permeability can be enhanced by various techniques. . . .  
AB Sex steroid precursors such as dehydroepiandrosterone and dehydroepiandrosterone sulphate, and compounds converted in vivo to either of the foregoing, are utilized for the treatment and/or prevention  
of vaginal atrophy, hyprogonadism, diminished libido, osteoporosis, urinary incontinence, ovarian cancer, uterine cancer, skin atrophy, for contraception, and, in combination with an estrogen and/or progestin, for the treatment of menopause. The precursors may be formulated for



percutaneous or transmucosal administration. Gels, solutions, lotions, creams, ointments and transdermal patches for the administration of these precursors are provided, as are certain pharmaceutical compositions and kits which can be used for the prevention and treatment of a wide variety of conditions related to decreased secretion of sex steroid precursors by the adrenals.

AN 1998:79164 USPATFULL

TI Method of treating or preventing osteoporosis by administering dehydroepiandrosterone

IN Labrie, Fernand, Quebec, Canada

PA Endorecherche, Inc., Quebec, Canada (non-U.S. corporation)

PI US 5776923 19980707 <--

AI US 1994-180361 19940118 (8)

RLI Continuation-in-part of Ser. No. US 1993-5619, filed on 19 Jan 1993, now abandoned

DT Utility

FS Granted

EXNAM Primary Examiner: Prior, Kimberly J.

LREP Ostrolenk, Faber, Gerb & Soffen, LLP

CLMN Number of Claims: 8

ECL Exemplary Claim: 1

DRWN 32 Drawing Figure(s); 9 Drawing Page(s)

LN.CNT 1937

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 18 OF 27 USPATFULL

PI US 5728688 19980317 <--

SUMM Currently, low dose estrogen therapy is the standard approach used in perimenopausal and menopausal women to relieve **vasomotor** symptoms, urogenital atrophy, osteoporosis and other symptoms and signs associated with menopause (for review, see Edman, C. D., Estrogen Replacement. . . .

SUMM The first manifestations of menopause are usually **hot flashes**. Further characterization of menopause can be determined in accordance with known techniques. See for Example, The Menopause (Herbert J., Buchsbaum, . . . .

SUMM . . . . another compound which acts as an estrogen receptor agonist. When administered separately, commercially available estrogen supplements may be used, e.g., **PREMARIN** available from Ayerst (St-Laurent, Quebec, Canada). One preferred precursor is DHEA, although DHEA-S and analogs discussed below are also especially. . . . For typical patients, the appropriate dosage of estrogen to achieve desired serum concentrations is between 0.3 and 2.5 milligrams of **PREMARIN** per day per 50 kg of body weight when administered orally. In certain embodiments of the invention, the estrogen may. . . .

SUMM . . . . embodiment, menopause is treated with precursor as set forth above, in combination with periodic administration of a progestin such as **medroxyprogesterone acetate** (e.g. Provera) which is preferably administered intermittently, e.g. at a dosage of 5-10 mg per day for 10 consecutive days, . . . .

AB Sex steroid precursors such as dehydroepiandrosterone and dehydroepiandrosterone sulphate, and compounds converted in vivo to either of the foregoing, are utilized for the treatment of vaginal atrophy, hypogonadism, diminished libido, loss of collagen or connective tissues in the skin, and, in combination with an estrogen and/or progestin, for the treatment of menopause. The precursors may be formulated for percutaneous or transmucosal administration. Gels, solutions, lotions, creams, ointments and transdermal patches for the administration of these precursors are provided, as are certain pharmaceutical compositions and kits which can be used for the prevention and treatment of a wide variety of conditions related to decreased secretion of sex steroid precursors by the adrenals.

AN 1998:28068 USPATFULL  
TI Therapeutic methods and delivery systems utilizing sex steroid precursors  
IN Labrie, Fernand, Quebec, Canada  
PA Endoreoherche, Inc., Quebec, Canada (non-U.S. corporation)  
PI US 5728688 19980317 <--  
AI US 1995-480591 19950607 (8)  
RLI Division of Ser. No. US 1993-5619, filed on 19 Jan 1993, now abandoned  
DT Utility  
FS Granted  
EXNAM Primary Examiner: Raymond, Richard L.  
LREP Ostrolenk, Faber, Gerb & Soffen, LLP  
CLMN Number of Claims: 3  
ECL Exemplary Claim: 1  
DRWN No Drawings  
LN.CNT 1497  
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 19 OF 27 USPATFULL

PI US 5696133 19971209 <--  
SUMM . . . molecular weight native molecules, such as the hormones progesterone, estrogen and testosterone, as well as synthetic derivative compounds such as **medroxyprogesterone acetate**, diethylstilbesterol and 19-nortestosterone. These ligands, when present in the fluid surrounding a cell, pass through the outer cell membrane by. . .  
SUMM . . . modulators. The PR active compounds are also useful in the treatment of dysfunctional uterine bleeding, dysmenorrhea, endometriosis, leiomyomas (uterine fibroids), **hot flashes**, mood disorders, meningiomas as well as in various hormone-dependent cancers, including, without limitation, cancers of the ovaries, breast, endometrium and. . .  
SUMM . . . female hormone replacement therapy and as fertility modulators, typically in combination with a PR modulator (i.e., a progestin, such as **Premarin**.RTM.). ER modulator compounds are also useful to treat atrophic vaginitis, kraurosis vulvae, osteoporosis, hirsutism, **hot flashes**, **vasomotor** symptoms, mood disorders, neuroendocrine effects, acne, dysmenorrhea and hormonally dependent cancers, including, without limitation, breast and prostate cancer.  
DETD . . . were obtained 1 week after surgery and allowed to acclimate for an additional week after shipment. Compound 163, Compound 210, **medroxyprogesterone acetate** (MPA) (Sigma, St. Louis, Mo.) a synthetic progesterone agonist, and estrone (E1) (Sigma, St. Louis, Mo.) a synthetic estrogen agonist,. . .  
AB Non-steroidal compounds which are high affinity, high selectivity modulators for steroid receptors are disclosed. Also disclosed are pharmaceutical compositions incorporating such compounds, methods for employing the disclosed compounds and compositions for treating patients requiring steroid receptor agonist or antagonist therapy, intermediates useful in the preparation of the compounds and processes for the preparation of the steroid receptor modulator compounds.  
AN 97:115291 USPATFULL  
TI Steroid receptor modulator compounds and methods  
IN Jones, Todd K., Solana Beach, CA, United States  
Goldman, Mark E., San Diego, CA, United States  
Pooley, Charlotte L.F., San Diego, CA, United States  
Winn, David T., San Diego, CA, United States  
Edwards, James P., San Diego, CA, United States  
West, Sarah J., San Diego, CA, United States

Tegley, Christopher M., San Diego, CA, United States  
Zhi, Lin, San Diego, CA, United States  
Hamann, Lawrence G., San Diego, CA, United States  
Farmer, Luc J., La Jolla, CA, United States  
Davis, Robert L., Santee, CA, United States  
PA Ligand Pharmaceuticals Incorporated, San Diego, CA, United States (U.S. corporation)  
PI US 5696133 19971209 <--  
AI US 1995-465556 19950605 (8)  
RLI Continuation-in-part of Ser. No. US 1994-363529, filed on 23 Dec 1994, now abandoned  
DT Utility  
FS Granted  
EXNAM Primary Examiner: Ivy, C. Warren; Assistant Examiner: Huang, Evelyn  
LREP Jurgensen, Thomas E., Respess, William L., Elmer, James Scott  
CLMN Number of Claims: 10  
ECL Exemplary Claim: 1  
DRWN No Drawings  
LN.CNT 11054  
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 20 OF 27 USPATFULL

PI US 5696130 19971209 <--  
SUMM . . . molecular weight native molecules, such as the hormones progesterone, estrogen and testosterone, as well as synthetic derivative compounds such as **medroxyprogesterone acetate**, diethylstilbesterol and 19-nortestosterone. These ligands, when present in the fluid surrounding a cell, pass through the outer cell membrane by. . .  
DETD . . . modulators. The PR active compounds are also useful in the treatment of dysfunctional uterine bleeding, dysmenorrhea, endometriosis, leiomyomas (uterine fibroids), **hot flashes**, mood disorders, meningiomas as well as in various hormone-dependent cancers, including, without limitation, cancers of the ovaries, breast, endometrium and. . .  
DETD . . . female hormone replacement therapy and as fertility modulators, typically in combination with a PR modulator (i.e., a progestin, such as **Premarin**.RTM.). ER modulator compounds are also useful to treat atrophic vaginitis, kraurosis vulvae, osteoporosis, hirsutism, **hot flashes**, **vasomotor** symptoms, mood disorders, neuroendocrine effects, acne, dysmenorrhea and hormonally dependent cancers, including, without limitation, breast and prostate cancer.  
DETD . . . were obtained 1 week after surgery and allowed to acclimate for an additional week after shipment. Compound 163, Compound 210, **medroxyprogesterone acetate** (MPA) (Sigma, St. Louis, Mo.) a synthetic progesterone agonist, and estrone (E1) (Sigma, St. Louis, Mo.) a synthetic estrogen agonist,. . .  
AB Non-steroidal compounds which are high affinity, high selectivity modulators for steroid receptors are disclosed. Also disclosed are pharmaceutical compositions incorporating such compounds, methods for employing the disclosed compounds and compositions for treating patients requiring steroid receptor agonist or antagonist therapy, intermediates useful in the preparation of the compounds and processes for the preparation of the steroid receptor modulator compounds.  
AN 97:115288 USPATFULL  
TI Tricyclic steroid receptor modulator compounds and methods  
IN Jones, Todd K., Solana Beach, CA, United States  
Winn, David T., San Diego, CA, United States  
Goldman, Mark E., San Diego, CA, United States

Hamann, Lawrence G., San Diego, CA, United States  
Zhi, Lin, San Diego, CA, United States  
Farmer, Luc J., La Jolla, CA, United States  
Davis, Robert L., Santee, CA, United States  
PA Ligand Pharmaceuticals Incorporated, San Diego, CA, United States (U.S.  
corporation)  
PI US 5696130 19971209 <--  
AI US 1995-462643 19950605 (8)  
RLI Continuation-in-part of Ser. No. US 1994-363529, filed on 22 Dec 1994,  
now abandoned  
DT Utility  
FS Granted  
EXNAM Primary Examiner: Ivy, C. Warren; Assistant Examiner: Huang, Evelyn  
LREP Jurgensen, Thomas E., Respass, William L., Elmer, James Scott  
CLMN Number of Claims: 35  
ECL Exemplary Claim: 1  
DRWN No Drawings  
LN.CNT 11334  
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 21 OF 27 USPATFULL

PI US 5696127 19971209 <--  
SUMM . . . molecular weight native molecules, such as the hormones  
progesterone, estrogen and testosterone, as well as synthetic  
derivative  
compounds such as **medroxyprogesterone acetate**,  
diethylstilbesterol and 19-nortestosterone. These ligands, when present  
in the fluid surrounding a cell, pass through the outer cell membrane  
by. . .  
SUMM . . . modulators. The PR active compounds are also useful in the  
treatment of dysfunctional uterine bleeding, dysmenorrhea,  
endometriosis, leiomyomas (uterine fibroids), **hot**  
**flashes**, mood disorders, meningiomas as well as in various  
hormone-dependent cancers, including, without limitation, cancers of  
the  
ovaries, breast, endometrium and. . .  
SUMM . . . female hormone replacement therapy and as fertility  
modulators,  
typically in combination with a PR modulator (i.e., a progestin, such  
as  
**Premarin**.RTM.). ER modulator compounds are also useful to treat  
atrophic vaginitis, kraurosis vulvae, osteoporosis, hirsutism,  
**hot flashes**, **vasomotor** symptoms, mood  
disorders, neuroendocrine effects, acne, dysmenorrhea and hormonally  
dependent cancers, including, without limitation, breast and prostate  
cancer.  
DETD . . . were obtained 1 week after surgery and allowed to acclimate  
for  
an additional week after shipment. Compound 163, Compound 210,  
**medroxyprogesterone acetate** (MPA) (Sigma, St. Louis,  
Mo.) a synthetic progesterone agonist, and estrone (E1) (Sigma, St.  
Louis, Mo.) a synthetic estrogen agonist,. . .  
AB Non-steroidal compounds which are high affinity, high selectivity  
modulators for steroid receptors are disclosed. Also disclosed are  
pharmaceutical compositions incorporating such compounds, methods for  
employing the disclosed compounds and compositions for treating  
patients  
requiring steroid receptor agonist or antagonist therapy, intermediates  
useful in the preparation of the compounds and processes for the  
preparation of the steroid receptor modulator compounds.  
AN 97:115285 USPATFULL  
TI Steroid receptor modulator compounds and methods  
IN Jones, Todd K., Solana Beach, CA, United States  
Zhi, Lin, San Diego, CA, United States  
Edwards, James P., San Diego, CA, United States  
Tegley, Christopher M., San Diego, CA, United States

West, Sarah J., San Diego, CA, United States  
PA Ligand Pharmaceuticals Incorporated, San Diego, CA, United States (U.S. corporation)  
PI US 5696127 19971209 <--  
AI US 1995-465429 19950605 (8)  
RLI Continuation-in-part of Ser. No. US 1994-363529, filed on 22 Dec 1994, now abandoned  
DT Utility  
FS Granted  
EXNAM Primary Examiner: Ivy, C. Warren; Assistant Examiner: Huang, Evelyn  
LREP Jurgensen, Thomas E., Respass, William L., Elmer, James Scott  
CLMN Number of Claims: 36  
ECL Exemplary Claim: 1  
DRWN No Drawings  
LN.CNT 11518  
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 22 OF 27 USPATFULL

PI US 5693647 19971202 <--

SUMM . . . molecular weight native molecules, such as the hormones progesterone, estrogen and testosterone, as well as synthetic derivative

compounds such as **medroxyprogesterone acetate**, diethylstilbesterol and 19-nortestosterone. These ligands, when present in the fluid surrounding a cell, pass through the outer cell membrane by. . .

SUMM . . . modulators. The PR active compounds are also useful in the treatment of dysfunctional uterine bleeding, dysmenorrhea, endometriosis, leiomyomas (uterine fibroids), **hot flashes**, mood disorders, meningiomas as well as in various hormone-dependent cancers, including, without limitation, cancers of the ovaries, breast, endometrium and. . .

SUMM . . . female hormone replacement therapy and as fertility modulators,

typically in combination with a PR modulator (i.e., a progestin, such as

**Premarin**.RTM.). ER modulator compounds are also useful to treat atrophic vaginitis, kraurosis vulvae, osteoporosis, hirsutism, **hot flashes**, **vasomotor** symptoms, mood disorders, neuroendocrine effects, acne, dysmenorrhea and hormonally dependent cancers, including, without limitation, breast and prostate cancer.

DETD . . . were obtained 1 week after surgery and allowed to acclimate for

an additional week after shipment. Compound 163, Compound 210, **medroxyprogesterone acetate** (MPA) (Sigma, St. Louis, Mo.) a synthetic progesterone agonist, and estrone (E1) (Sigma, St. Louis, Mo.) a synthetic estrogen agonist,. . .

AB Non-steroidal compounds which are high affinity, high selectivity modulators for steroid receptors are disclosed. Also disclosed are pharmaceutical compositions incorporating such compounds, methods for employing the disclosed compounds and compositions for treating patients

requiring steroid receptor agonist or antagonist therapy, intermediates useful in the preparation of the compounds and processes for the preparation of the steroid receptor modulator compounds.

AN 97:112477 USPATFULL

TI Steroid receptor modulator compounds and methods

IN Jones, Todd K., Solana Beach, CA, United States

Zhi, Lin, San Diego, CA, United States

Tegley, Christopher M., San Diego, CA, United States

Winn, David T., San Diego, CA, United States

Hamann, Lawrence G., San Diego, CA, United States

Edwards, James P., San Diego, CA, United States

West, Sarah J., San Diego, CA, United States

PA Ligand Pharmaceuticals Incorporated, San Diego, CA, United States (U.S. corporation)  
PI US 5693647 19971202 <--  
AI US 1995-464546 19950605 (8)  
RLI Continuation-in-part of Ser. No. US 1994-363529, filed on 22 Dec 1994, now abandoned  
DT Utility  
FS Granted  
EXNAM Primary Examiner: Ivy, C. Warren; Assistant Examiner: Huang, Evelyn  
LREP Jurgensen, Thomas E., Respess, William L., Elmer, James Scott  
CLMN Number of Claims: 27  
ECL Exemplary Claim: 1  
DRWN No Drawings  
LN.CNT 11185  
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 23 OF 27 USPATFULL

PI US 5693646 19971202 <--

SUMM . . . molecular weight native molecules, such as the hormones progesterone, estrogen and testosterone, as well as synthetic derivative

compounds such as **medroxyprogesterone acetate**, diethylstilbesterol and 19-nortestosterone. These ligands, when present in the fluid surrounding a cell, pass through the outer cell membrane by. . .

SUMM . . . modulators. The PR active compounds are also useful in the treatment of dysfunctional uterine bleeding, dysmenorrhea, endometriosis, leiomyomas (uterine fibroids), **hot flashes**, mood disorders, meningiomas as well as in various hormone-dependent cancers, including, without limitation, cancers of the ovaries, breast, endometrium and. . .

SUMM . . . female hormone replacement therapy and as fertility modulators, typically in combination with a PR modulator (i.e., a progestin, such as

**Premarin**.RTM.). ER modulator compounds are also useful to treat atrophic vaginitis, kraurosis vulvae, osteoporosis, hirsutism, **hot flashes**, **vasomotor** symptoms, mood disorders, neuroendocrine effects, acne, dysmenorrhea and hormonally dependent cancers, including, without limitation, breast and prostate cancer.

DETD . . . were obtained 1 week after surgery and allowed to acclimate for

an additional week after shipment. Compound 163, Compound 210, **medroxyprogesterone acetate** (MPA) (Sigma, St. Louis, Mo.) a synthetic progesterone agonist, and estrone (E1) (Sigma, St. Louis, Mo.) a synthetic estrogen agonist,. . .

AB Non-steroidal compounds which are high affinity, high selectivity modulators for steroid receptors are disclosed. Also disclosed are pharmaceutical compositions incorporating such compounds, methods for employing the disclosed compounds and compositions for treating patients

requiring steroid receptor agonist or antagonist therapy, intermediates useful in the preparation of the compounds and processes for the preparation of the steroid receptor modulator compounds.

AN 97:112476 USPATFULL

TI Steroid receptor modulator compounds and methods

IN Jones, Todd K., Solana Beach, CA, United States  
Tegley, Christopher M., San Diego, CA, United States  
Zhi, Lin, San Diego, CA, United States  
Edwards, James P., San Diego, CA, United States  
West, Sarah J., San Diego, CA, United States

PA Ligand Pharmaceuticals Incorporated, San Diego, CA, United States (U.S. corporation)

PI US 5693646 19971202 <--

AI US 1995-464360 19950605 (8)  
RLI Continuation-in-part of Ser. No. US 1994-363529, filed on 22 Dec 1994,  
now abandoned  
DT Utility  
FS Granted  
EXNAM Primary Examiner: Ivy, C. Warren; Assistant Examiner: Huang, Evelyn  
LREP Jurgensen, Thomas E., Respess, William L., Elmer, James Scott  
CLMN Number of Claims: 28  
ECL Exemplary Claim: 1  
DRWN No Drawings  
LN.CNT 11285  
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 24 OF 27 USPATFULL

PI US 5688810 19971118 <--

SUMM . . . molecular weight native molecules, such as the hormones  
progesterone, estrogen and testosterone, as well as synthetic  
derivative

compounds such as **medroxyprogesterone acetate**,  
diethylstilbesterol and 19-nortestosterone. These ligands, when present  
in the fluid surrounding a cell, pass through the outer cell membrane  
by. . .

SUMM . . . modulators. The PR active compounds are also useful in the  
treatment of dysfunctional uterine bleeding, dysmenorrhea,  
endometriosis, leiomyomas (uterine fibroids), **hot**  
**flashes**, mood disorders, meningiomas as well as in various  
hormone-dependent cancers, including, without limitation, cancers of  
the

ovaries, breast, endometrium and. . .

SUMM . . . female hormone replacement therapy and as fertility  
modulators,

typically in combination with a PR modulator (i.e., a progestin, such  
as

**Premarin**.RTM.). ER modulator compounds are also useful to treat  
atrophic vaginitis, kraurosis vulvae, osteoporosis, hirsutism,  
**hot flashes**, **vasomotor** symptoms, mood  
disorders, neuroendocrine effects, acne, dysmenorrhea and hormonally  
dependent cancers, including, without limitation, breast and prostate  
cancer.

DETD . . . were obtained 1 week after surgery and allowed to acclimate  
for

an additional week after shipment. Compound 163, Compound 210,  
**medroxyprogesterone acetate** (MPA) (Sigma, St. Louis,  
Mo.) a synthetic progesterone agonist, and estrone (E1) (Sigma, St.  
Louis, Mo.) a synthetic estrogen agonist,. . .

AB Non-steroidal compounds which are high affinity, high selectivity  
modulators for steroid receptors are disclosed. Also disclosed are  
pharmaceutical compositions incorporating such compounds, methods for  
employing the disclosed compounds and compositions for treating  
patients

requiring steroid receptor agonist or antagonist therapy, intermediates  
useful in the preparation of the compounds and processes for the  
preparation of the steroid receptor modulator compounds.

AN 97:107096 USPATFULL

TI Steroid receptor modulator compounds and methods

IN Jones, Todd K., Solana Beach, CA, United States  
Goldman, Mark E., San Diego, CA, United States  
Pooley, Charlotte L.F., San Diego, CA, United States  
Winn, David T., San Diego, CA, United States  
Edwards, James P., San Diego, CA, United States  
West, Sarah J., San Diego, CA, United States  
Tegley, Christopher M., San Diego, CA, United States  
Zhi, Lin, San Diego, CA, United States

PA Ligand Pharmaceuticals Incorporated, San Diego, CA, United States (U.S.  
corporation)

PI US 5688810 19971118 <--

AI US 1995-464541 19950605 (8)  
RLI Continuation-in-part of Ser. No. US 1994-363529, filed on 22 Dec 1994,  
now abandoned  
DT Utility  
FS Granted  
EXNAM Primary Examiner: Ivy, C. Warren; Assistant Examiner: Huang, Evelyn  
LREP Jurgensen, Thomas E., Respass, William L., Elmer, James Scott  
CLMN Number of Claims: 27  
ECL Exemplary Claim: 1  
DRWN No Drawings  
LN.CNT 11318  
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 25 OF 27 USPATFULL

PI US 5688808 19971118 <--

SUMM . . . molecular weight native molecules, such as the hormones  
progesterone, estrogen and testosterone, as well as synthetic  
derivative

compounds such as **medroxyprogesterone acetate**,  
diethylstilbesterol and 19-nortestosterone. These ligands, when present  
in the fluid surrounding a cell, pass through the outer cell membrane  
by. . .

SUMM . . . modulators. The PR active compounds are also useful in the  
treatment of dysfunctional uterine bleeding, dysmenorrhea,  
endometriosis, leiomyomas (uterine fibroids), **hot**  
**flashes**, mood disorders, meningiomas as well as in various  
hormone-dependent cancers, including, without limitation, cancers of

the  
ovaries, breast, endometrium and. . .

SUMM . . . female hormone replacement therapy and as fertility  
modulators,  
typically in combination with a PR modulator (i.e., a progestin, such  
as

**Premarin**.RTM.). ER modulator compounds are also useful to treat  
atrophic vaginitis, kraurosis vulvae, osteoporosis, hirsutism,  
**hot flashes**, **vasomotor** symptoms, mood  
disorders, neuroendocrine effects, acne, dysmenorrhea and hormonally  
dependent cancers, including, without limitation, breast and prostate  
cancer.

DETD . . . were obtained 1 week after surgery and allowed to acclimate  
for

an additional week after shipment. Compound 163, Compound 210,  
**medroxyprogesterone acetate** (MPA) (Sigma, St. Louis,  
Mo.) a synthetic progesterone agonist, and estrone (E1) (Sigma, St.  
Louis, Mo.) a synthetic estrogen agonist,. . .

AB Non-steroidal compounds which are high affinity, high selectivity  
modulators for steroid receptors are disclosed. Also disclosed are  
pharmaceutical compositions incorporating such compounds, methods for  
employing the disclosed compounds and compositions for treating  
patients

requiring steroid receptor agonist or antagonist therapy, intermediates  
useful in the preparation of the compounds and processes for the  
preparation of the steroid receptor modulator compounds.

AN 97:107094 USPATFULL

TI Steroid receptor modulator compounds and methods

IN Jones, Todd K., Solana Beach, CA, United States

Winn, David T., San Diego, CA, United States

Zhi, Lin, San Diego, CA, United States

Hamann, Lawrence G., San Diego, CA, United States

Tegley, Christopher M., San Diego, CA, United States

Pooley, Charlotte L. F., San Diego, CA, United States

PA Ligand Pharmaceuticals Incorporated, San Diego, CA, United States (U.S.  
corporation)

PI US 5688808 19971118 <--

AI US 1995-463231 19950605 (8)

RLI Continuation-in-part of Ser. No. US 1994-363529, filed on 22 Dec 1994,



now abandoned  
DT Utility  
FS Granted  
EXNAM Primary Examiner: Ivy, C. Warren; Assistant Examiner: Huang, Evelyn  
LREP Jurgensen, Thomas E., Respass, William L., Elmer, James Scott  
CLMN Number of Claims: 27  
ECL Exemplary Claim: 1  
DRWN No Drawings  
LN.CNT 11240  
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 26 OF 27 USPATFULL

PI US 5208225 19930504 <--

SUMM . . . and methods in which a formulation containing a fixed estrogen/progestin ratio is administered to female individuals with resultant relief from **hot flashes**, osteoporosis and other conditions associated with hormone deficiency.

SUMM . . . low doses of estrogen/progestin dosed in a schedule consistent with the postmenopausal state of endogenous hormone production offers protection against **hot flashes**, osteoporosis, endometrial hyperplasia, cyclic bleeding, and potentially replicates

the cardioprotective state of the premenopausal female.

SUMM . . . any suitable synthetic estrogen or functional equivalent thereof. While ethinyl estradiol is the preferred estrogenic substance, other useful substances include **conjugated estrogens**, estrone sulfate, beta estradiol, quinestrol, and the like. Mixtures are operable.

SUMM The progestogenic ingredient is generally a synthetic progestogen; however, natural progestins may be used. Useful progestogenic substances

include medroxyprogesterone, **medroxyprogesterone acetate**, norgestrel, desogestrel, and the like. Norethindrone acetate is preferred. Mixtures are operable.

SUMM The compositions of the invention are useful for treating osteoporosis, **hot flashes**, withdrawal bleeding, and other disorders and symptoms generally associated with hormone deficiency, many of

which are experienced during menopause.

SUMM . . . and 1.0 mg, 10 mcg and 0.5 mg, 5 mcg and 1.0 mg, and 5 mcg and 0.5 mg) or **conjugated estrogens** 0.625 mg on Days 1 to 25 and **medroxyprogesterone acetate** 10 mg on Days 16 to 25. An additional 10 women meeting the same criteria served as a comparison group. . . .

SUMM . . . Treatment\*

A: Calcium only

10 No hormone replacement

B: Sequential 12

Conventional  
combination therapy:  
Conjugated equine  
estrogens 0.625 mg  
Days 1-25 and  
**medroxyprogesterone**  
**acetate 10 mg**  
Days 16-25

C: 20/1 Continuous

12 Daily ethinyl  
estradiol 20 mcg and  
norethindrone acetate  
1.0 mg

D: 10:1 Continuous

14. . . .

SUMM . . . continuous administration of ethinyl estradiol and norethindrone acetate. For example, continuous administration of a combination of conjugated equine estrogen and

~~medroxyprogesterone acetate~~ is described in ~~Obstet.~~

~~Gynecol 1988;71:39~~. Continuous administration of 17.beta.-estradiol and  
~~norethindrone acetate~~ is described in Brit J Obstet and. . .

AB Continuous administration of compositions containing a fixed quantity  
of synthetic estrogen in combination with a synthetic progestogenic agent  
are useful to relieve menopausal symptoms, to prevent osteoporosis and  
for other hormone-replacement treatments. Also described is an improved  
manufacturing process for such compositions especially for low tablet  
dosage forms.

AN 93:35675 USPATFULL

TI Compositions containing fixed combinations

IN Boissonneault, Roger M., Long Valley, NJ, United States

Miller, Jr., Henry A., Lake Hopatcong, NJ, United States

PA Warner-Lambert Company, Morris Plains, NJ, United States (U.S.  
corporation)

PI US 5208225 19930504 <--

AI US 1991-781568 19911022 (7)

RLI Continuation-in-part of Ser. No. US 1991-647189, filed on 24 Jan 1991,  
now abandoned which is a continuation of Ser. No. US 1989-366796, filed  
on 15 Jun 1989, now abandoned which is a continuation-in-part of Ser.  
No. US 1988-168106, filed on 14 Mar 1988, now abandoned which is a  
continuation-in-part of Ser. No. US 1987-73367, filed on 6 Jul 1987,

now abandoned which is a continuation of Ser. No. US 1986-834263, filed on  
26 Feb 1986, now abandoned

DT Utility

FS Granted

EXNAM Primary Examiner: Waddell, Frederick E.; Assistant Examiner: Criares,  
T.

J.

LREP Daignault, Ronald A.

CLMN Number of Claims: 6

ECL Exemplary Claim: 1

DRWN No Drawings

LN.CNT 720

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 27 OF 27 USPATFULL

PI US 4736849 19880412 <--

SUMM . . . in the face, neck or chest; or sudden intense episodes of heat  
and sweating throughout the body (typically known as "**hot  
flashes**") with the severity of these symptoms varying from woman  
to woman. Some women also may develop atrophic vaginitis which can. .

DETD . . . in the face, neck, chest, and sudden intense episodes of heat  
and sweating throughout the body, commonly referred to as "**hot  
flashes**" or "hot flushes". These symptoms can be alleviated to a  
great extent by the administration of estrogen and progesterone. It. .

DETD . . . Calcium\*\*\*

|        |              |           |            |
|--------|--------------|-----------|------------|
| 1-15   | 0.625 mg/day | --        | --         |
| 16-25  | 0.625 mg/day | 10 mg/day | --         |
| 26-end | --           | --        | 500 mg/day |

of month

\*Estrogen in the form of **conjugated estrogen**.

\*\*Progesterone in the form of **medroxyprogesterone acetate**.

\*\*\*Calcium in the form of calcium carbonate.

AB A method and apparatus to store and aid in the dispensing of  
calendar-oriented drugs is disclosed in which the apparatus comprises a  
carrier containing a plurality of pill-containing enclosures, the  
enclosures arranged in rows. Numerical and/or alphanumerical indicia

are

associated with the enclosures so that each enclosure is associated

with

only one day in a calendar month. One or more additional enclosures in different rows may also be associated with the same calendar date. Corresponding indicia on the reverse side of the carrier aid in the determination of which enclosure(s) to open. In this way the user can easily determine and verify that the proper enclosure(s) has been opened. The package also provides a visual indication of calendar days for which pills have not been used by the patient and in this way provides patient compliance information to the physician prescribing such drugs. The dispensing apparatus is particularly suited to the administration of calendar-oriented prescription drugs for the

treatment

of menopausal symptoms.  
AN 88:22168 USPATFULL  
TI Calendar-oriented pill dispenser  
IN Leonard, Walter G., 1017 Main St., Melrose, MA, United States 02176  
Doble, Jr., Henry P., Sunnyview Dr., Redding, CT, United States 06875  
Nuckols, Walter S., 119 Putnam Park Rd., Bethel, CT, United States  
06801  
PI US 4736849 19880412 <--  
AI US 1985-764945 19850812 (6)  
DCD 20020813  
RLI Continuation-in-part of Ser. No. US 1983-563148, filed on 19 Dec 1983,  
now patented, Pat. No. US 4534468  
DT Utility  
FS Granted  
EXNAM Primary Examiner: Moy, Joseph Man-Fu  
LREP Mattern, Ware, Stoltz & Fressola  
CLMN Number of Claims: 58  
ECL Exemplary Claim: 1  
DRWN 6 Drawing Figure(s); 2 Drawing Page(s)  
LN.CNT 854

Trying 3106016892...Open

Welcome to STN International! Enter x:x  
LOGINID:sssptal617mxb  
PASSWORD:  
TERMINAL (ENTER 1, 2, 3, OR ?):2

\* \* \* \* \* Welcome to STN International \* \* \* \* \*

NEWS 1 Web Page URLs for STN Seminar Schedule - N. America  
NEWS 2 Dec 17 The CA Lexicon available in the CAPLUS and CA files  
NEWS 3 Feb 06 Engineering Information Encompass files have new names  
NEWS 4 Feb 16 TOXLINE no longer being updated  
NEWS 5 Apr 23 Search Derwent WPINDEX by chemical structure  
NEWS 6 Apr 23 PRE-1967 REFERENCES NOW SEARCHABLE IN CAPLUS AND CA  
NEWS 7 May 07 DGENE Reload  
NEWS 8 Jun 20 Published patent applications (A1) are now in USPATFULL  
NEWS 9 JUL 13 New SDI alert frequency now available in Derwent's  
DWPI and DPCI  
NEWS 10 Aug 23 In-process records and more frequent updates now in  
MEDLINE  
NEWS 11 Aug 23 PAGE IMAGES FOR 1947-1966 RECORDS IN CAPLUS AND CA  
NEWS 12 Aug 23 Adis Newsletters (ADISNEWS) now available on STN  
  
NEWS EXPRESS August 15 CURRENT WINDOWS VERSION IS V6.0c,  
CURRENT MACINTOSH VERSION IS V6.0 (ENG) AND V6.0J (JP),  
AND CURRENT DISCOVER FILE IS DATED 07 AUGUST 2001  
NEWS HOURS STN Operating Hours Plus Help Desk Availability  
NEWS INTER General Internet Information  
NEWS LOGIN Welcome Banner and News Items  
NEWS PHONE Direct Dial and Telecommunication Network Access to STN  
NEWS WWW CAS World Wide Web Site (general information)

Enter NEWS followed by the item number or name to see news on that  
specific topic.

All use of STN is subject to the provisions of the STN Customer  
agreement. Please note that this agreement limits use to scientific  
research. Use for software development or design or implementation  
of commercial gateways or other similar uses is prohibited and may  
result in loss of user privileges and other penalties.

\* \* \* \* \* STN Columbus \* \* \* \* \*

FILE 'HOME' ENTERED AT 17:18:23 ON 28 AUG 2001

=> file embase biosis medline caplus uspatfull

| COST IN U.S. DOLLARS | SINCE FILE ENTRY | TOTAL SESSION |
|----------------------|------------------|---------------|
| FULL ESTIMATED COST  | 0.15             | 0.15          |

FILE 'EMBASE' ENTERED AT 17:18:44 ON 28 AUG 2001

COPYRIGHT (C) 2001 Elsevier Science B.V. All rights reserved.

FILE 'BIOSIS' ENTERED AT 17:18:44 ON 28 AUG 2001

COPYRIGHT (C) 2001 BIOSIS(R)

FILE 'MEDLINE' ENTERED AT 17:18:44 ON 28 AUG 2001

FILE 'CAPLUS' ENTERED AT 17:18:44 ON 28 AUG 2001

USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.

PLEASE SEE "HELP USAGETERMS" FOR DETAILS.

COPYRIGHT (C) 2001 AMERICAN CHEMICAL SOCIETY (ACS)

FILE 'USPATFULL' ENTERED AT 17:18:44 ON 28 AUG 2001

CA INDEXING COPYRIGHT (C) 2001 AMERICAN CHEMICAL SOCIETY (ACS)

=> s cenestin

L1 15 CENESTIN

=> s medroxyprogesterone acetate or 71-58-9/rn

'RN' IS NOT A VALID FIELD CODE

'RN' IS NOT A VALID FIELD CODE

'RN' IS NOT A VALID FIELD CODE

L2 2221 MEDROXYPROGESTERONE ACETATE OR 71-58-9/RN

=> s l1 and l2

L3 0 L1 AND L2

=> s l1 and hot flashes

L4 2 L1 AND HOT FLASHES

=> d l4

L4 ANSWER 1 OF 2 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.

AN 2000421621 EMBASE

TI A 12-week clinical trial determining the efficacy of synthetic conjugated estrogens, A (SCE), in the treatment of vasomotor symptoms in menopausal women.

AU Stevens R.E.; Hanford K.; Wason S.; Cusack S.L.; Phelps K.V.

CS R.E. Stevens, Dept. of Clinic. and Medical Affairs, Duramed Pharmaceuticals, Inc., 5040 Lester Road, Cincinnati, OH 45213, United States

SO International Journal of Fertility and Women's Medicine, (2000) 45/4 (264-272).

Refs: 24

ISSN: 1069-3130 CODEN: IJWMFW

CY United States

DT Journal; Article

FS 010 Obstetrics and Gynecology

037 Drug Literature Index

038 Adverse Reactions Titles

LA English

SL English

=> d 2

L4 ANSWER 2 OF 2 CAPLUS COPYRIGHT 2001 ACS

AN 2000:704108 CAPLUS

DN 134:231968

TI A 12-week clinical trial determining the efficacy of synthetic conjugated estrogens, A (SCE), in the treatment of vasomotor symptoms in menopausal women

AU Stevens, Ruth E.; Hanford, Kathryn; Wason, Suman; Cusack, Susan L.;

Phelps, Kenneth V.  
 CS Duramed Pharmaceuticals, Inc., Cincinnati, OH, USA  
 SO Int. J. Fertil. Women's Med. (2000), 45(4), 264-272  
 CODEN: IJWMFW  
 PB Medical Science Publishing International  
 DT Journal  
 LA English  
 RE.CNT 24  
 RE  
 (6) Greendale, G; Obstet Gynecol 1998, V92(6), P982 CAPLUS  
 (7) Haas, S; Obstet Gynecol 1988, V71(5), P671 CAPLUS  
 (8) Hammond, C; Obstet Gynecol 1996, V87(2), P2S CAPLUS  
 (12) Roddick, J; Clin Obstet Gynecol 1977, V20(4), P903 CAPLUS  
 (14) Santoro, N; J Clin Endocrinol Metab 1999, V84(6), P1798 CAPLUS  
 ALL CITATIONS AVAILABLE IN THE RE FORMAT

=> d kwic

L4 ANSWER 1 OF 2 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.  
 AB . . . the mean percentage reduction in moderate to severe vasomotor symptoms was 81%, from an average baseline of 96.8, to 16.5 **hot flashes** per week for the active treatment group. The overall incidence of expected estrogen-related adverse effects was modest. Laboratory tests and. . .  
 CT Medical Descriptors:  
 \*menopause  
 \*vasomotor . . .  
 estrogen: AE, adverse drug reaction  
 \*conjugated estrogen: CT, clinical trial  
 \*conjugated estrogen: DO, drug dose  
 \*conjugated estrogen: PD, pharmacology  
 \*conjugated estrogen: PO, oral drug administration  
 \*cenestin: AE, adverse drug reaction  
 \*cenestin: CT, clinical trial  
 \*cenestin: DO, drug dose  
 \*cenestin: PD, pharmacology  
 \*cenestin: PO, oral drug administration  
 placebo  
 unclassified drug  
 CN (1) Cenin

=> d ab

L4 ANSWER 1 OF 2 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.  
 AB Objective - To compare the clinical effects of a new oral synthetic conjugated estrogens, A (SCE), versus placebo in a clinically relevant population on the reduction in the mean number of moderate to severe vasomotor symptoms. Design - A total of 120 healthy pre- and postmenopausal women (72 active, 48 placebo) were enrolled into a randomized, placebo-controlled, double-blind, multi-center clinical trial.  
 Women of all races were enrolled, using minimal inclusion and exclusion criteria. Each subject received either orally administered SCE, in doses of 0.3 mg, 0.625 mg or 1.25 mg per day, or placebo. Analysis of variance was performed on the primary efficacy variable (change from baseline to weeks 4, 8, and 12 in the mean number of moderate to severe vasomotor symptoms). Results - Changes in moderate to severe vasomotor symptoms in the intent to treat population showed statistically significant differences between the active and placebo treatments at week 4 (P < .0221, week 8 (P < .010), and week 12 (P < .010). By week 12, the mean percentage reduction in moderate to severe vasomotor symptoms was 81%, from an average baseline of 96.8, to 16.5 **hot flashes**

per week for the active treatment group. The overall incidence of expected estrogen-related adverse effects was modest. Laboratory tests and vital sign measurements did not reveal clinically significant changes or abnormalities from screening to the final visit in either treatment group.

Conclusions - The results of this study confirm the efficacy and safety of SCE in the treatment of moderate to severe vasomotor symptoms in menopausal women. In addition, the study also demonstrated that the use of more liberal entry criteria did not materially affect the efficacy outcome.

L4 ANSWER 2 OF 2 CAPLUS COPYRIGHT 2001 ACS

AB . . . the mean percentage redn. in moderate to severe vasomotor symptoms was 81%, from an av. baseline of 96.8, to 16.5 **hot flashes** per wk for the active treatment group. The overall incidence of expected estrogen-related adverse effects was modest. Lab. tests and. . .

ST **Cenestin** synthetic conjugated estrogen menopause vasomotor symptom

IT Estrogens

RL: BAC (Biological activity or effector, except adverse); THU

(Therapeutic use); BIOL (Biological study); USES (Uses)

(conjugated, **Cenestin**; detg. efficacy of synthetic conjugated estrogens in treatment of vasomotor symptoms in menopausal women)

AB To compare the clin. effects of a new oral synthetic conjugated estrogens,

A (SCE), vs. placebo in a clin. relevant population on the redn. in the mean no. of moderate to severe vasomotor symptoms. A total of 120

healthy

pre- and postmenopausal women (72 active, 48 placebo) were enrolled into

a

randomized, placebo-controlled, double-blind, multi-center clin. trial.

Women of all races were enrolled, using minimal inclusion and exclusion

criteria. Each subject received either orally administered SCE, in doses of 0.3 mg, 0.625 mg or 1.25 mg per day, or placebo. Anal. of variance

was

performed on the primary efficacy variable (change from baseline to weeks 4, 8, and 12 in the mean no. of moderate to severe vasomotor symptoms).

Changes in moderate to severe vasomotor symptoms in the intent to treat population showed statistically significant differences between the

active

and placebo treatments at week 4 ( $P < .022$ ), week 8 ( $P < .010$ ), and week 12 ( $P < .010$ ). By week 12, the mean percentage redn. in moderate to severe vasomotor symptoms was 81%, from an av. baseline of 96.8, to 16.5

**hot flashes** per wk for the active treatment group. The

overall incidence of expected estrogen-related adverse effects was

modest.

Lab. tests and vital sign measurements did not reveal clin. significant changes or abnormalities from screening to the final visit in either treatment group. The results of this study confirm the efficacy and safety of SCE in the treatment of moderate to severe vasomotor symptoms

in

menopausal women. In addn., the study also demonstrated that the use of more liberal entry criteria did not materially affect the efficacy outcome.



L7 ANSWER 5 OF 5 USPATFULL  
AN 2000:174133 USPATFULL  
TI Methods for treating **hot flashes** and improving the  
quality of life of castrated prostatic cancer patients  
IN Bell, Robert G., Palm Harbor, FL, United States  
PA Barr Laboratories, Inc., Pomona, NY, United States (U.S. corporation)  
PI US 6165504 20001226  
AI US 1998-159032 19980923 (9)  
DT Utility  
FS Granted  
LN.CNT 1287  
INCL INCLM: 424/464.000  
INCLS: 424/451.000; 514/178.000  
NCL NCLM: 424/464.000  
NCLS: 424/451.000; 514/178.000  
IC [7]  
ICM: A61K009-20  
ICS: A61K009-48; A61K031-56  
EXF 424/451; 424/464; 424/489; 514/178  
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

/